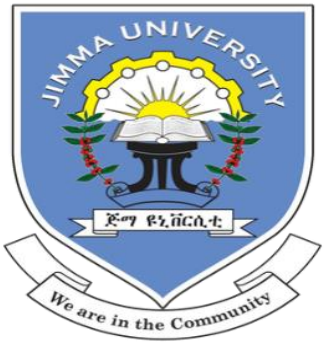
CHILD CARE PRACTICES AND EMOTIONAL DEVELOPMENT OF CHILDREN IN CONFLICT SITUATION: THE CASE OF MANDURA WOREDA

BY

TIBEBU DERESSO



JIMMA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

A RESEARCH PROPOSAL SUBMITTED TO DEPARTMENT OF PSYCHOLOGY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN DEVELOPMENTAL PSYCHOLOGY

MAIN ADVISOR: HABTAMU MEKONNEN (PhD)

CO- ADVISOR; ASCHALEW TEREFE (ASS/PROFESOR)

JUNE, 2023

JIMMA, ETHIOPIA

JIMMA UNIVERSITY COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

CHILD CARE PRACTICES AND EMOTIONAL DEVELOPMENT OF CHILDREN IN CONFLICT SITUATION: THE CASE OF MANDURA WOREDA

BY:

TIBEBU DERESSO

A* THESIS *SUBMITTED TO DEPARTMENT OF PSYCHOLOGY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN DEVELOPMENTAL PSYCHOLOGY

MAIN ADVISOR: HABTAMU MEKONNEN (PhD)

CO- ADVISOR; ASCHALEW TEREFE (ASS/PROFESOR)

JUNE, 2023

JIMMA, ETHIOPIA

DECLARATION

I submitted this thesis to Jimma University's department of psychology in partial fulfilment of the requirements for the master of arts degree in developmental psychology in the college of education and behavioural Sciences

I hereby certify that the thesis I have written under the heading " child care practices and emotional development of children in conflict situation: the case of mandura woreda: The case of Mandura Woreda" is entirely original with no submissions to any other colleges or universities for examination purposes.

The research includes numerous scholarly sources, all of which have been cited acknowledged properly.

Declared by: Tibebu Deresso

Signature: _____

Date: _____

Confirmed by Advisor

Name: Habtamu Mekonnen (phd)

Sign: _____

Date: _____

Name: Aschalew Terefe

Sign: _____

Date: _____

June, 2023

Approval Sheet

Jimma University

College of Education and Behavioral Science

Department of psychology; MA in Developmental Psychology

"child care practices and emotional development of children in conflict situation: the case of mandura woreda**"**

By:-Tibebu Deresso

Approval of Board of Examiners

Advisor	Signature	Date
_____	_____	_____
Internal Examiner	Signature	Date
_____	_____	_____
External Examiner	Signature	Date
_____	_____	_____

June: 2023

Acknowledgments

First and foremost, all praise belongs to the Most Gracious and Merciful Almighty God. Second, I would like to thank Dr. Habtamu Mekonnen, , for his guidance and insightful comments, mentorship and suggestions throughout my research endeavour. Third I want to express my sincere gratitude to Ass/Professor Aschalew Terefe, my co-advisor, for insightful comments and leadership during my research project.

Fourth I will never forget the relentless efforts of my colleagues for travelling continuously with the me to the study site for survey and interview with the research participants.

Fifth would like to thank Ato Dessalegn Deresso, Ato Kefyalew Deresso, W/R Shibire Deresso, and W/R Shumete Deresso all made indirect contributions to the learning process that I will never forget, along with their unreserved ideas.

Sixth I would like to thank the Mandura woreda administrative offices and the Kebele administration for their cooperation in allowing me access to contact them, and conduct interviews and questionnaire with research pareticipants, generate questions for the locals, and receive help with data gathering. Finally, it is appropriate to express gratitude to each and every participant for volunteering their time to complete the questionnaire and interview.

Abstract

Conflict had a great impact on parental child nurturing care practices and emotional development of children in the world. The main objective of this study was to explore parental child nurturing practices care and emotional and behavioral problems in confilect situasion in Benishangul Gumuz Region; Metekel Zone, Mandura District. To achieve this objective the researcher used mixed descriptive survey design combining qualitative and quantitative methodologies in such a way that they complement one another. Qualitative data were analsized using thematic approach, while quantitative data were analsized using descriptive statistics *like simple frequency, percentage, and logistic regression analysed using SPSS version 20. In order to draw pertinemt respondent purposive sampling and for the survey simple random sample technique were used to select 218 parents and took part in the study. A questionnaire was used to get the quantitative data, while interview guide were used to gather the qualitative data. It was found that conflict has a significant negative impact on parental childcare practices and emotional development. The finding of this study indicate that the parental childcare practices in terms of parental consistency, coercive parenting, positive encouragment, parent-child relationship, parental adjustment, family relationship, and parental teamwork issues with which 145 (66.5%) of respondents had poor parental childcare practices in Mandura Woreda and parental care practices in IDPs were poor than in area. Child emotional problem 148(67.9%), conduct 129(59.5%), hyperactivityn 120(55%)peer problem 144(66.1%)) and total SDQ score 139 (63.8%) were reported by theuir parents.* Both *in crue (OR 6.4 (3.4, 11.9) P<0.001 and adjusted (OR 3.8 (1.5, 7.4) P=0.002 modle, parent poor child nuturing care was found strongly associated with child emotional and behavioral problem. Child nurturing care was also associated with all domains of emotional and behavioural problem except with behaviour in an adjusted model. From the qualitative component it was also evendt that conflict have an effect on parental childcare and emotional development indicating, conflit has negative influence on child emaotional and behavioural problem. Therefore, an intervention that works to enhance child emotional development needs to consider conflict resolution and child nutruing care in such situation.*

Key words: *Conflict, childcare, emotional development of children*

Table of Contents

Acknowledgments iv
Abstract v
LIST OF TABLES viii
LIST OF FIUGER ix
LIST OF ABBREVIATIONS ACRONYMS AND xi
CHAPTER ONE: INTRODUCTION 1
1.1.Background of the Study 1
1.2. Statement of the Problem 4
1.3. Research Questions 6
1.4. Objective of the study 6
1.4.1. General Objective 6
1.4.2. Specific Objectives 6
1.5. Significance of the Study 7
1.6. Scope of the Study 7
1.7. LimitW3ations of the Study 8
1.8. Operational Definition 9
1.9. Organization of the Study 9
CHAPTER TWO: REVIEW OF RELATED LITERATURE 10
2. Definitions, Conceptual Framework and Theory of Conflict 10
2.1. Definitions of conflict 10
2. 2. Conceptual framework of conflict 11
2.3. Theoretical Perspectives of Conflict 11
2.3.1. Freudian Interpretation and Psychoanalysis 11
2.3.2. Frustration-anger-aggression 12
2.3.8. Human Needs Theory 12
2.3.9. Relative Deprivation Theory 13
2.3.3. Social Identity Theory 13
2.3.4. Realist Theory of conflict 14

2.3.5. Field Theory of conflict 15
2.3.6. Social Exchange Theories 15
2.3.7. Structural Violence Theory 16
2.3.8. Marxist Theory of conflict 16
2.3.9. Economic Theory of conflict 17
2.4. Definition and Conceptual Frameworks of Childcare 18
2.4.1. Theories of Child Care 20
2.5. Definition and conceptual framework of Emotional development 22
2.6. Theories of emotion 23
2.6.1. Evolutionary Theory of Emotion 23
2.6.2. James Lang's Emotional Theory 24
2.6.3. Cannon-Bard theory of emotion 24
2.6.4. Schechter-Singer 24
2.6.5. Cognitive Arousal Theory 25
CHAPTER THREE: 26
3. RESEARCH METHODOLOGY 26
3.1. Description of study area 26
3.2 Research design 27
3.3. Population of the study 28
3.3 Sample selection 29
3.5. Data source 29
3.6. Data Collection Method 29
3.7.Data gathering instrument. 30
3.7.1. Questionnaire 30
3.7.2. Interview 30
3.7.3. Instrument Reliability and validity 31
3.8. Methods of Data Analysis 31
3.9. Ethical Consideration 31

CHAPTER FOUR 33
4.Demographic characteristics of respondent 33
4.1. Result of Quantitative Data Analysis 34
4.2 Parental childcare practices and family adjustment 34
4.3.Child emotion and behavioral problem 39
4.4.Relationship between child nurturing care and emotional and behavioural problem 41
CHAPTER FIVE 44
5. DISCUSSION 44
5.1. Parental childcare practices 44
5.2. Child Nutruring care practice and child Emotional and behavioral problem 46
5.3. The associated between parental child nurturing and child emotional and behavioral problem 47
5.4. Conclusion 48
5.5. Recommendations 50
Reference 50
Appendix 1 58
APPENDIX 2: 59
Appindex 3 62
APPENDICES 4: 65

LIST OF TABLES

Table 1 Population and sample size.....298
Table 2 Demographic characteristics of respondent (N=218).....331
Table 3childcare practice measured with Parenting and family Adjustment Scale (PAFAS.....375
Table 4 Characteristics of participants and child emotional and behavioral problem (n=218).....397
Table 5 Association between child nurtuering care and emotional and behavioral problems(n=218) .....**Error! Bookmark not defined.**40

LIST OF FIUGER

Figure1. Geographical Locations of Ethiopia, Benishangul Gumuz Regional State & Mandura District.....**Error! Bookmark not defined.**14

LIST OF ABBREVIATIONS ACRONYMS AND

ACERWC	African committee of experts on the right and welfare of the child
BGRS	Benishangul Gumuz regional state
CAR	Central African Republic,
CSA	Central statics agency
EQ	Emotional intelligence
EPRDF	Ethiopian people revolutionary democratic front
FDRE	Federal Democratic Republics of Ethiopia
IDPs	Internal displaced people
IQ	Intelligence quotient
NGO	Non-governmental organization
SSOP	sanitation standard operating procedure
SDQ	Stangith and difficulties questionnaire
PAFAS	Parenting and family Adjustment Scale
PTSD	Post-traumatic stress disorder
UAGs	Ununified armed group
UNCHR	United Nation High Commissioner for Refugees
UNICEF	United nations international children's emergency fund
WHO	World health organization

CHAPTER ONE: INTRODUCTION

1.1.Background of the Study

Conflict is refers to when two parties have wants, interests, ideas, views, values, or ambitions that are in opposition to one another. According Gehring et al., (2019), "conflict" refers to a situation in which two or more actors pursue mutually beneficial objectives. According to (Martin et al., 2008), conflict is an emotional reaction to a situation or interaction that signals disagreement of some kind. There are different major categories of conflict such as armed conflict, ethnic conflict, and interparental conflict. Conflict in the Benishangul Gumuz Regional State (BGRS) has largely been fueled by territorial claims and denials. There are several dimensions to these statements. Disputes over the region's borders with the adjacent Amhara and Oromia Regional States, ownership of land and natural resources, and historically significant territorial disputes between "indigenous" and "non-indigenous" residents are among them (Adugna, F., and Debala, K. January 2023).

This c*onflict* is painful and stressful for both adults and children, and traumatised parents or carers may find it difficult to provide young children the emotional support they require. Parents may unintentionally "aggravate the problems faced by their children by passing on their own fears and anxieties by, for example, being overly protective or holding anxious conversations with others where the children are excluded" as a result of their own extreme stress. Trauma can also increase the likelihood of parental depression, strict childcare (Sciaraffa et al. (2018). According to Hassan et al. (2016), "young children are especially vulnerable in these situations and run the danger of suffering not just physical harm but also psychological stress and inadequate social, emotional, and cognitive development. However, conflict had effect on parents to freely care their children in the study area.

Parental childcare is the process of nurturing, fostering, and supporting a child's overall physical, emotional, social, and cognitive development from infancy to adulthood. Parenting and childcare are terms that are frequently used interchangeably., (Gerstenblatt et al., 2014). Parents childcare practices are an important position to support and promote positive social and emotional development (Conners-Burrow et al.,

2013). Appropriate early childhood care and education helps to build the holistic foundation for future success of the growing person (Shonkoff et al., 2012). Parental supporting children's emotional development at an early age builds a solid foundation for their future, preparing children to successfully manage their emotions and behaviors, establish caring relationships with others, follow limits and expectations, and interact in groups (Kirk & Jay, 2018). Parents play the crucial role in social and emotional development of the child through consistent and unconditional love and care for the children (Driscoll & Pianta, 2011). This serves as a base for their future life. However, appropriate parental childcare practices are the most important on child development throughout their entire life.

Conflict is thought to affect millions of children worldwide, with (UNICEF, 2015) estimates ranging as high as 246 million children living in conflict-affected areas. From a global perspective, national conflict in the 20th century has been referred to as the Killing Century (Valentino, 2005). Early Childhood Development is influenced by a multitude of factors, including early learning, caring, safety, nutrition, and security (Koen et al., 2021). Early childhood environments have a significant impact on early childhood development. While institutionalization, poverty, trauma, and violence delay development; shared family caregiving and early childhood education promote development (Atmore, 2013). Armed conflict also affects more than 1 in every 10 children worldwide (Hageman & Alcocer Alkureishi, 2021). Approximately 2 million children were killed in military conflicts, leaving over a million orphaned and over 6 million seriously injured or permanently disabled (Jacob, 2013).

The parental childcare and emotional development has been shown to have a harmful impact on children's both direct and indirectly. Death, traumatization on a physical and psychological, and displacement are all direct consequences of conflict. Inadequate and unsafe living conditions, environmental risks, carer mental health, family separation, health risks associated with displacement, and the destruction of the infrastructure supporting public health, health care, education, and the economy are just a few examples of the many factors that have an indirect impact of conflict on parental childcare practices (Kadir et al., 2018).

Conflicts expose the child to a variety of challenges that are harmful to a child's development, like violence and trauma. At the same time, they disrupt the protective elements of society, which have long-lasting effect both during and after conflict. These elements include the child's family and community's support, enrollment in an early childhood program, and the availability of support for learning at home. Children who experience early psychosocial deprivation have a tendency to develop more slowly later in life and are more susceptible to psychopathology (WHO, 2018). Conflicts and crisis situations in Africa have far-reaching effects on children's lives and well-being (Pedro-Carroll, 2005).

Children in Africa are cut off from conventional methods of child protection by armed conflict. Their emotional, social, economic, and spiritual well-being are all severely damaged by the event (Boothby et al., 2006). According to (Nyang'au Sabina Moraa, 2019), the ethnic conflicts disrupted education activities and programs, impoverished communities through loss of livelihoods, caused school drop outs by children, forced migration and displacement of communities in Kenya. Children who are affected by conflict have an increased prevalence of emotional consequences that include posttraumatic stress disorder (PTSD), depression, anxiety, and behavioral and psychosomatic complaints (Yatham et al., 2018) Young children display increased anxiety, fear, startling, attention seeking, temper tantrums, sadness, and crying as well as difficulty sleeping alone and frequent awakenings (Rockhill et al., 2010).

In Ethiopia the post-1991 interethnic conflicts caused many deaths and many people to flee their homes(MENDO, 2023; Habtamu, 2020). Since 2018, there have been several deaths, displacements from their homes, socio-emotional disturbances that disrupt social interaction, and loss of infrastructures and resources in the Benishangul Gumuz Regional State (Amsalu et al., 2022). Since the beginning of 2019, intercommunal conflict in the Metekel zone, which extends to the Amhara region, has resulted in a number of deaths, displacements, and flights to the Amhara region. Some individuals have also sought refuge in collective sites in four of the Metekel zone's woredas.

Armed groups have continued to target civilian lives, property, and social services while also enforcing their displacement as a result of this conflict. Internal

displaced people(IDPs) can currently be found in various Metekel zone and border areas of the Amhara region (Adane et al., 2020). Particularly in Mandura woreda, intermittent violence and killings of individuals, additional displacements, damage to property, and destruction of important social services like schools and health centres persist. Therefore this all listed effects of conflicts were direct/indirect impact on parental childcare practices and emotional development. However, to my knowledge, the link between conflict and childcare and emotional development were not given attention and investigated well generally and in particular in Benshangul gumuz regional state.

1.2. Statement of the Problem

Effects parental childcare practices and emotional development were a series issue in affecting holistic development of children. *Kadir et al., (2019b*) conduct study on the effects of armed conflict on child health, and development in Florida, describing mortality, injuries, illnesses, environmental exposures, limitations in access to health care and education, torture and sexual violence. *Mohammed Freh, (2015)* examined the psychological effects of war and violence on children in Iraq. According to him war and terrorism, are man committed acts of violence, have emotionally and psychologically affected generations of children and young people for the rest of their lives. A study has estimated that one out of three children who live in war zones could be vulnerable to develop some form of PTSD, psychopathological symptoms, and lower psychosocial functioning levels during their lifetime.

According to *ACERWC (* 2016.), the African continent has been experiencing frequent protracted conflicts and crisis situations. These have included civil wars, inter-country wars and other forms of armed violence, including terrorist activities. All of these have devastating effects on parental childcare practice. Children living in such situations are more likely to be killed, separated from their families, abducted, trafficked, sexually assaulted, maimed and recruited into armed forces and armed groups. They are less likely to be to meet their basic needs for health care, clean water and sanitation. Therefore the loss of parents in conflict leads child to starvation and diseases, children separated from their families, tragic, face emotional health problems since they are under fear, nightmares, insomnia, anxiety and post-traumatic stress disorders, because of lack parental childcare practices.

In Ethiopia, national conflicts have caused severe property damage, significant human death, and displacement (Belay, K. 2004). Alemu et al.,(*2021*.), examines on burden of internal conflict on expanded programs on immunization in Northwest Ethiopia. They found that the immunization program had seriously deteriorated during and after the conflict in the study area. Security problems, displacement of health workers, destruction of health infrastructures, mixing of the displaced community in the host community and poor coordination among stakeholders and partners, clients having other emergent needs and shortages of resources were important factors for immunization services.

N. Abebe , (2021) examined on ethnic conflict perceived causes, actors, psychosocial and economic consequences and challenges of displaced persons in Sululta Ethiopia. The result of the study revealed that economic failure, malnutrition, shortage of potable pipe water, poor housing, lack of health facilities and sanitation, critical economic problems. The loss of lives of loved ones; feeling of negative emotions like hopelessness; despair and bitterness; separation from family and relatives; lack of trust in the state; feeling of distress and development of victim mental attitude and traumatic mental experiences have been marked as the most serious psychosocial problems they faced at their campsite. (Admassu,M.D. 2019) study on causes of ethnic conflict in Ethiopia and its effect on development: the case of 'Amhara' and 'Gumuz' communities. According to Admassu (2019) indicated in his study conducted on the case of Gumuaz and Amhara, conflict resulted in population displacement especially forced internal migration, recruitment or looting of family assets and psychological damage.

From the above review the facts that several studies have been conducted on the effects of conflict, but the majority of studies conducted on other topics relating to the origins, effects, and challenges of conflict. Data on the effects of conflict on child development are scarce. Little is known about the impact of armed conflict on children's physical health and development even estimates of the number of children killed by conflict are lacking and the number of children affected directly or indirectly by conflict is *unknown*. Still there have been insufficient exploration into how conflict

affects parental child nurturing care and the emotional problem of children in confilict situations. .

Moreover to my knowledge there haven't been any studies done specifically on the parental childcare practices and the emotional problems of children in Mandura Woreda people. However, this study intends to take a look at the child care practices and emotional problem of children in conflict situation: the case of Mandura woreda, Metekel Zone, Benshangul Gumuz Regional state, which is currently suffering from conflict. The aim of this study therefore, was to fill in the gaps by explore childcare practices and emotional problem in the area, which is currently under attack.

1.3. Research Questions

Accordingly this study, tried to explore and find answer to the following basic questions:

1. What are the effects of conflict on parental childcare practice?
2. What are the effects of conflicts on child emotional development in the study area?
3. Is there relationship between parental child nurturing care practices and emotional development of children?

1.4. Objective of the study

1.4.1. General Objective

The main objective of the study was to explore effects of conflict on childcare and emotional development of children in Benishangul Gumuz Region; Metekel Zone, Mandura District.

1.4.2. Specific Objectives

1. To investigate the effect of conflict on parental childcare practices.
2. To examine the effect of conflict on child emotional development
3. To identify the relationship between parental child nurturing care practice and emotional development of children.

1.5. Significance of the Study

Advantage of this is many folds.

Above adding information to the existing knowledge in the area this thesis is believed to shed a light on the impact of conflict have on nurturing care and emotional development of children in the study area.

The finding of this study may also help in conflict prevention, resolution, rehabilitation, peace building and reduce the impacts of conflict on parental childcare practices and emotional problem of children in Ethiopia especially in Mandura District by highlighting the devastating effect of conflict on children. It will to assist all state and non-stage stakeholders to make informed decision and allocating adequate resources for the mitigation.

The finding fills gap in the literature on the effects of conflict on childcare and emotional development of children and serve for further focused studies as a reference.

Furthermore, research finding will serve as an evidence for community-based humanitarian organization in their efforts to address the complex issues of conflicts effect on children development.

This finding also help as the reference for Ethiopian government to designing and implementing the necessary interventions to rehabilitate or reintegrate those communities found at various conflict sites throughout the country.

The research finding hoped to serve as a resource for other researchers who want to work on the topic with a larger data set. Furthermore, it can stimulate further research for those who wish to conduct research on this topic.

1.6. Scope of the Study

The scope of the study was delaminated to effects of conflict on parental childcare practices and emotional problemof children in Benishangul Gumuz Region Metekel Zones Mandura District. Many children were affected by the violence since they were compelled to leave their comfortable homes and establish new ones in other locations.

The goal of the current research was only on childcare who have experienced conflict in the Benishangul Gumuz region, Metekel Zone, and Mandura Woreda. Another limiting factor challenged the completion of this project was the lack of resources. Due to these factors, the Mandura woreda was purposefully chosen in order to be able to get useful data from the area. These locations were primarily chosen with a specific purpose in mind in order to obtain the information required for the study output while taking into account resource limitations, contingencies, closeness, and practicality. Similar to how children in Mandura may be experiencing a variety of horrible life circumstances as a result of war, this study primarily focuses on examining the influence of parental childcare and emotional problem in conflict situation.

1.7. Limitations of the Study

When gathering the primary data required for this study, the researcher encountered some difficulties. The following list includes some of the study's major obstacles: The study participants' approval was difficult to obtain at first because they were concerned that the subject matter would have political implications. Therefore, it took time just to obtain a letter of authorization from the Mandura District administration, as well as to inform and persuade the participants of the study's goal. Although this has made it more difficult to gather information openly, some of them even had the courage to express what was on their minds. Other than that, the subject is interesting and draws everyone's attention since it is a contentious problem that has an impact on everyone's life, whether directly or indirectly.

Second, another limitation was that after problem identification, it was a great challenge to get the contexualized and validated data tool to measure the constructs under investiagation. Third, the researcher faces additional problems related to budget because of the distance of the research ara which ise (800–1000) far away from the university to the study area). Fourth, the researcher faces additional problems related limitations of experiences and skill to conduct this thesis from the beginning to the end. Fifth, the scope of this study is only limited to Mandura woreda so that it can’t be generalized to all over the country.

1.8. Operational Definition

Conflict; - is a struggle or contest between people with opposing needs, interests, ideas, beliefs, or values.

Children" in this study refer to the stage between birth-6 years, which depending on their parents and caregivers for both their psychological and physical needs.

Childcare means the parental child nurturing care practice, and measured with Parenting and family adjustment scales (PAFAS) (Mazzucchelli et al., 2018)

Emotional and beahvioural problem*;* - refers to child's emotional and behavioural problem measured with Difficulties Questionnaire (SDQ) (Hoosen et al., 2018)

1.9. Organization of the Study

This research is organized into six chapters. The problem description, objectives, research questions, scope of study, significance of study, operational definition, and study organization were all be covered in the first chapter. The impacts of arguments on childcare and emotional development are discussed from conceptual and theoretical perspectives in the second chapter, along with related controversies. This chapter discusses the conflict in Ethiopia and the Benishagul Gumuz Region, as well as the Metekel Zone and Mandura District.

This thesis was discussed methodological aspects such as research design, target population, sampling size, data collection methods, instrument data analysis, and ethical considerations in chapter three. The fourth chapter of the study attempts to analyze the impact of parental childcare practices and emotional problem in the Mandura District of Ethiopia. Chapter five contains the discussion part of the study, provided conclusions, and recommendations.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

This section discusses about the concept, definition and theories of conflict, childcare and emotional development. Review related literatures, is around an analysis of conflict its effects on child care emotional development of children in related to psychological point of view. Reviewing academic research aims to highlight how different psychological aspects of conflict interact with actual child care emotional development.

2. Definitions, Conceptual Framework and Theory of Conflict

2.1. Definitions of conflict

According Gehring et al., (2019), *"conflict*" refers to a situation in which two or more actors pursue mutually beneficial objectives. Conflict, in whatever form it takes, is often an unpleasant and energy-consuming experience. According to (Martin et al., 2008), conflict is an emotional reaction to a situation or interaction that signals disagreement of some kind. Conflict is when two parties have wants, interests, ideas, views, values, or ambitions that are in opposition to one another. There are three major categories of conflict such as *armed conflict, ethnic conflict, and interparental conflict.*

Ethnic conflict is defined as when two or more groups engage in conflict over principles and claims to territory, authority, and resources with the intention of neutralizing, harming, or destroying the rivals (Jeong, 2017). *Ethnic conflict* is the tendency for opposing groups to describe themselves using ethnic criteria like language, cultural elements, territorial claim, the myth of common ancestry, racial ties, and using this identity to claim equal status within a state or autonomy from it"(Chandra, 2006). Armed conflict is used by an organized actor against another organized actor or civilians, resulting in at least 25 battle-related deaths in a calendar year (Hegre et al., 2018).

Interparental conflict is a conflict and disagreement is common in relationships, particularly between couples (S. R. Anderson et al., 2010). Interparental conflicts that disrupt family functioning are more likely to be perceived as distressing by children, and a child in distress is more likely to develop adjustment problems (Grych et al.,

2000). When asked to identify stressful events or events that made them "feel bad, nervous, or worried," children reported that witnessing interparental conflict was a significant stressor (Morbech, 2017)

2. 2. Conceptual framework of conflict

Psychological and social psychological point of view; Psychological theories locate conflict in the “minds of men”, in their beliefs, ideology, motivation, perceptions, and values (Deutsch et al., 2011). Some psychological traditions also focus on experiences of frustration that could lead to aggression. According to psychoanalysts, unfulfilled psychological needs could incite human to violence via the instinctive impulse. However, others locate violence in intra-personal tensions and other such psychic variables. In motivational theories, the origin of aggression is in blocked energy of frustration, which is produced in varied social and psychological settings.

Since aggression here is a reaction to an external stimulus, hence the social environment is also partly responsible for the activation of an internal physiological mechanism. The socio-psychological perspective also focuses on processes of group formation and differentiation. Groups try to differentiate themselves from the ‘others’ and in this process perceptions, stereotyping, and dehumanization play a role, which in turn could lead to violent conflict (Sherif, 2015).

2.3. Theoretical Perspectives of Conflict

2.3.1. Freudian Interpretation and Psychoanalysis

Psychiatrist (Freud, 2014) traced the roots of conflict in intractable human nature. He stated that aggression “is carried out in the name of self-preservation, and is inherent to humans.” Freud answered that the roots of violence are in the death instinct. He wrote: “War is due to a destructive instinct -instinct aimed at returning things to the inanimate state and which can work both inside and outside the body.” According to Freud, human beings have two kinds of instincts the life instinct and the death instinct.

The life instinct desires pleasure. Compared to the life instinct is the death instinct, which is referred to as ‘Thanet’s’ by Freud. This death instinct leads to destructive behaviour both towards the self as well as towards others and the world in

general. The human urge for self-destruction is directed outwards, to destroy others, so as to preserve the self. For Freud, however, aggression is not the end; it is only a means to release tension. Aggressive behaviour helps reduce the tension. According to the Psychoanalytical Theory human beings start differentiating between the 'self' and the 'other' from a very early age. This differentiation manifests itself in a deep psychological need for opponents.

2.3.2. Frustration-anger-aggression

According to this psychological theory of conflict, responding to unfavorable circumstances is something that all people do naturally. The frustration-aggression theory created by (Breuer & Elson, 2017) is where the idea is based. According to the notion, aggressiveness results from impeding or frustrating someone else's attempts to achieve a goal. Frustration is defined as the emotion we experience when we don't receive what we want or when anything stands in the way of us achieving a goal, as is the situation with the Niger Delta, the Palestinians, or the Hutus in Rwanda. Aggression describes fits of rage, whereas anger denotes feelings of rage in response to hurt or frustration (Hendricks et al., 2013).

According to the frustration aggression theory, frustration is the root of aggression. Someone becomes frustrated when he is unable to complete his task. When something causes it, this frustration might then develop into rage, which eventually develops into aggression. People frequently confront somebody they can hold accountable for thwarting their objectives or someone on whom they can take out their frustrations when expectation does not meet attainment. Additionally, when hostilities cannot be directed at the true cause of frustration, aggressiveness can be moved to alternative objects, or displaced hostilities.

2.3.8. Human Needs Theory

The Basic Human Needs Theory describes human intentions and behaviors while also analyzing conflict resolutions. Human beings require a sense of security, according to John Burton, and people require both recognition and valued relationships. Individuals also want control over their surroundings in order to ensure that their needs are met (Staub, 2003). Every human being has certain fundamental needs (Jin & Park, 2010). People have basic needs such as safety, a sense of belonging, love, and self-

actualization (Obiefuna & Adams, 2021). They also have a need to encourage others, to promote justice, to feel a sense of belonging, and to care for others. These positive human needs can benefit not only us, but also other people's needs and satisfactions. Coon, (2014) created Maslow's hierarchy of needs, which reflects human behavior and mental activity to some extent. In addition, he stated that human motivation is based on people seeking various needs.

Furthermore, people require friendship; everyone requires a harmonious relationship between colleagues and friends. Everyone desires love and the love of others (Rubenstein, 2001). Maslow's hierarchy of needs theory states that people may have different needs to focus on at different times; they have dominant needs as well as other basic needs. The outside environment has an impact on human behavior, such as encountering wars and conflicts. The problem with this theory is that people's needs change over time and in different circumstances. Individuals may not be able to meet all of their needs at the same time. It is difficult to predict how and when our needs will be met, especially in the midst of social upheaval (Maslow & Lewis, 1987). Resource Theory Conflict is caused when one party wants the resource the other has or when two or more parties want the same resource. People fight over resources because they are scarce or limited.

2.3.9. Relative Deprivation Theory

Relative deprivation theory is based on the concept of deficiency, which indicates difference between what one expects in life and what s/he eventually gets. People feel deprived when they get much less than what they have expected or what they have been promised. This can lead to aggression and make people enter into conflict with others. Absolute deprivation is associated with starvation and poverty. This is concept of relative deprivation in explaining ethnic conflicts (Gurr, 2013).

2.3.3. Social Identity Theory

Tajfel & Turner, (1982) formulated the Social Identity Theory in which they aimed to answer the question why people favor their own group over others. According to Tajfel, groups occupy different levels on the hierarchy of power and status. The process of distinguishing between ‘us and them’ changes the way people look at each

other. He believed that the motivating principle behind this behaviour was a desire in people to have a positive and secure self-concept a positive social identity (Ask, 2014). It can thus be deduced that people mainly think of their group as a good one. But groups become a psychological reality only when defined in comparison to other groups. Hence, group members strive for a positive social identity and make efforts to achieve it by distinguishing positively between their own group and other groups.

Tajfel, (1982)also addressed the question of what happens with those groups who have a low status compared to others. Such a group could choose one of these options: leave the group, either physically or psychologically; focus only on features that make one's group look good; compare one's group with other groups which are placed even lower on the status hierarchy; devalue the aspects that reflect poorly on one's group; and try to change the existing status hierarchy by engaging in social change. However, which one of these options will be chosen, will depend on a range of circumstances. Social identity theory, therefore, was basically a theory of social change (Ask, 2014).

2.3.4. Realist Theory of conflict

Conflict is viewed by political realism as a natural characteristic of man. Conflict will continue to be a hallmark of society as long as men continue to have "baggage of emotions" and as long as they continue to be "political animals" with interests that differ from others. More crucially, conflict is unavoidable as long as there are few resources when the majority of men are ambitiously seeking comfort or control over those resources (Aunger et al., 2021). In order to explain conflict, realism makes a good combination of the economic, international capitalist and Marxist ideas.

According to the realist theory, conflict results from man's inherently selfish character, which drives him to seek his own interests even when doing so causes the ox of others to be gored. Due to man's inherent selfishness, agents engage in "competitive processes" in an effort to control all or the majority of the few resources that are available. Such a quality, when applied at the interstate level, results in unpredictable behaviour, hegemonic tendencies, imperialism, etc., which can inspire both peaceful and violent opposition and subsequently heat up the global order (Sleat, 2015).

2.3.5. Field Theory of conflict

Field Theory sees conflict and its resolution as products of a field of forces. This is reflected in the works of Field theorists like (Deutsch, 2015). He believed that behaviour was a product of a field of forces and how they came together. This determined the behaviour of those individuals who were involved.

Deutsch analysed the concepts of competition and cooperation and sought to find out the conditions under which cooperation could emerge out of competition. Communication according to him was very critical for cooperation. Systems Theory views conflict as a system of relationships. It seeks to find out how parts of a social system, that is social institutions, work together. Parts of social systems may 'function'', but they may also 'dysfunction'. When they dysfunction, they are not in complete harmony. This is where the concept of conflict and conflict resolution comes into the picture.

2.3.6. Social Exchange Theories

Social Exchange Theories have tried to apply the principles of economic exchange in markets to non-economic exchange such as in informal interactions and group patterns. (Johnson, 2021), analysed interactions in terms of rewards and costs. People try to maintain the behaviour that proves profitable. Conflict related perspectives mainly drew from economic models. He recognized that conflict can involve negative exchanges more "bad" than "goods", compared to economics, which mainly deals with positive exchange. Pruitt, (1995) paid attention to how conflicts could escalate.

They identified five strategies of dealing with conflict – contending, yielding, problem solving, withdrawing and inaction. When both parties go for the contending strategy, conflict could escalate. Harel et al., (2020)recognized the presence of intractable conflicts which never seem to get resolved. He stressed that conflicts that seem easy to resolve initially may become intractable in the future while those that seem intractable may get resolved easily. She expanded on the idea of intractability. According to her, intractable conflicts are those in which the parties are not only opposed to each other, but which also strongly incorporates a central sense of identity.

2.3.7. Structural Violence Theory

According to the Structural Violence Theory, conflict is inherent in social structures. Social structures and institutions cause structural violence (Galtung, 2019). He distinguished between three kinds of violence: direct or overt, indirect or structural and cultural. Direct violence intends to harm another individual or group directly and is a response to the experience of structural violence. In structural violence, institutions, systems and structures either discriminate between people or deny or deprive them of their rights and the ability to satisfy their basic human needs such as survival, well-being, safety, respect, freedom, identity, religion.

Cultural violence is used to justify and legitimize overt and structural violence through ideology, religion, language, arts, education (Galtung, 2019). Structural violence threatens the lives and livelihoods of individuals, groups, communities, and prevents them from developing their potential and realizing their goals. It can take the form of repression, exploitation and/or alienation. Here people could be exploited economically, repressed politically and/or alienated culturally by the structure. Slavery and colonialism are some of the examples of structural violence. Rodríguez-Gómez et al., (2016) believed in creating new social arrangements free of structural violence. His approach to conflict resolution thus aimed to preserve the individual while systematically targeting the structure.

2.3.8. Marxist Theory of conflict

Karl Marx was a sociologist and philosopher. Marxism, his theory, analyzes class relations and critiques capitalism's development. He highlights the conflicts between the ruling and working classes (K. B. Anderson, 2016). According to Marx's theory, bureaucracy rarely creates new wealth on its own, but rather by controlling and distributing it (Kennedy, 2002). For Marx, class antagonisms under capitalism, owing to its instability and crisis-prone nature, would result in the development of class consciousness among the working class (Blokland & Harding, 2014). He observed that labor-market relations were especially strained in our society and how they influenced how the industry operated (Ponthieux & Meurs, 2015), as well as how the ruling class impacted and challenged all the different classes in a society.

Marxism establishes a system of shared equality in which human rights are prioritized. Marxian theory holds that class conflict arises in capitalist societies as a result of contradictions between the material interests of oppressed employees (Blokland & Harding, 2014). Marxism advocates for free market competition. The process of bureaucratization in state administration is a parallel democratic phenomenon. His theory assumes mutual relationships between producers and labor. It denotes ideas about the underlying causes of social disruption and class conflict. Furthermore, Marx proposed that capitalists invest more in developing new technologies than in labor. What is beneficial to the ruling class should be beneficial to the entire society with which the ruling class identifies (Lincoln & Guillot, 2004)

Max Weber (1864-1920), a German sociologist, developed the Weberian bureaucracy theory. The administrative system that governs any large institution is known as bureaucracy. Weber defined an ideal type of bureaucracy as rational dominance. Weber expressed ideas from social, cultural, and personal perspectives, emphasizing that any organization is based on some form of authority that can eliminate chaos and bring order to society (Sager & Rosser, 2021).

2.3.9. Economic Theory of conflict

The economic undercurrents in conflict causation are explained by the economic theory of conflict. Politics (power, resources, or value) and scarcity are heavily intertwined. People crave power because it is a tool for achieving goals, most frequently materialistic goals (Mitra & Ray, 2014). Communities quarrel over farms, grazing land, water resources, etc., and organisations battle the government over resource distribution or taxation. The desire for, necessity for, or fear of scarcity is frequently a motivating factor in struggles for political power, resource control, and other issues. Thus, in the midst of such tangible anxiety or the danger of scarcity, conflict is not unlikely. Just as the possibility of or actual starvation, deprivation, and misuse of few resources, could lead to fraud or corruption, so could the dread of poverty and misery (Kimbrough et al., 2020).

Generally, conflict theories hold that conflict is either a part of human nature or is fostered by social environments. Focus is placed on biological and psychological

elements in the nature section. The social processes, social institutions, and social structures are the main topics of the fostered aspect. The nature vs. nurture argument, however, is long settled. It is well-established that connections between biological, psychological, social, and environmental elements influence human behavior. Various hypotheses have been developed within the larger framework.

2.4. Definition and Conceptual Frameworks of Childcare

The framework that developmental theories offer helps us understand how children develop and learn as well as how to best assist those processes. There are many theories that will be create about the development of children, but only a few of the most important ones that explain how child's care and emotional development are taken into consideration in this study and are briefly examine.

A. ***Childcare***, also known as day care, is the care and supervision of a child or multiple children at the same time, ranging in age from two weeks to 18 years. Despite the fact that most parents devote a significant amount of time to their children, childcare typically refers to care provided by caregivers who are not the child's parents. Childcare is a broad subject that encompasses a diverse range of professionals, institutions, contexts, activities, and social and cultural norms. Childcare means the care, protection, and supervision of a child, for a period of less than 24 hours a day on a regular basis, which supplements parental care, enrichment, and health supervision for the child, in accordance with his or her individual needs, and for which a payment, fee, or grant is made for care, (Gerstenblatt et al., 2014). Childcare is a broad topic that covers a wide spectrum of professionals, institutions, contexts, activities, and social and cultural conventions. Quality care from a young age can have a substantial impact on the future successes of children. The main focus of childcare is on the development of the child, whether that be mental, social, or psychological(Coren et al., 2011).

There are different types of child care such as;- Family Childcare Homes**:-**Small groups of children are cared for in a residential setting by professionals in family child care homes (Bradley et al., 2003). Family care remains the most common type of child-care arrangement across all marital and employment statuses. Childcare centers typically provide day care from 8 a.m. to 6 p.m. for the majority of the year for kid’s

ages newborn to five. All day nurseries must register with Ofsted and undergo routine inspections, (Burchinal et al., 2002). Preschool Programs provide childcare to children in their neighborhood, whether in the morning, at midday, or for extended periods that include lunch. They may be run by individuals, but they are most often run by nonprofit organizations. Preschoolers are more likely than infants and toddlers to use center-based care, and 3 and 4 year-olds with employed parents are more likely than any other age group to use multiple care arrangements (Shivers & Farago, 2016). At the same time, one-fifth of three and four-year-olds use relative care as their sole arrangement (Martinez-Beck et al., 2009).

School-Age Programs it is also one of the most common types of care, with about 20% of school-age children (ages 6 to 12) receiving related care. Since they attend school all day, children of school age spend less time in relative care than younger children do, but they still spend a lot of time there (Shivers & Farago, 2016), approximately two-thirds to three-fourths of school-age children in relative care spend 15 hours or less per week in care, compared to about 40 percent of younger children who spend 35 hours(Henly et al., 2017). Early elementary age children spend more time in relative care than 10-12 year olds, possibly because older children spend more time in self-care(Larson, 2007).

Family, Friend, and Neighbor Cares are one of the many varieties of non-parental childcare is family, friend, and neighbor care, also known as informal care, home-based care, kith and kin care, kin care, relative care, legally unlicensed care, and license exempt care. The environment, regulatory status, and the provider-child connection are often used to define different types of childcare (Jakwerth Drake et al., 2005). Center-based care and home-based, licensed family childcare are other forms of non-parental care. In this evaluation, we define family, friend, and neighbor care as in-home care delivered by unlicensed or barely regulated babysitters, nannies, or other caregivers who are relatives, friends, or neighbors of the caregiver or the child.

Nurturing care is referred to as nurturing care. These circumstances make it possible for communities and caregivers to guarantee children's safety, proper nourishment, and health. Giving young children opportunity for early learning through responsive and emotionally supportive interactions is another aspect of providing nurturing care (

W.H.O, 2019). Children's health, nutrition, security and safety, responsive caregiving, and opportunities for early learning are all part of nurturing care. Children are encouraged to explore their surroundings and connect with others as well as their cares. In addition to supporting young children's development, nurturing care is crucial. Additionally, it shields children from the worst consequences of hardship by reducing stress and fostering emotional and mental coping strategies. For kids with developmental challenges and impairments, as well as to stop child abuse, nurturing care is particularly crucial.

2.4.1. Theories of Child Care

The ecological system theory of (Bronfenbrenner, 1994) depicts a child as a creature surrounded by four concentric circles that are crucial in determining the child's growth and behavior. It offers a theoretical framework for the ecological study of human development. He explains that the sociocultural environment of the home, educational system, community, and larger society is optimal for understanding how children develop (Duerden & Witt, 2010). According to the ecological system theory, social and cultural viewpoints have an impact on how children develop and learn. The parent, siblings, preschool setting, as well as the beliefs and traditions of the child's adult culture are all considered to be part of the environment (Bickford, 2019).

The duration of the child's exposure to the environment in which these processes take place and the interaction of persons with these environments determine the extent of the influence (NANO, Tesfaye 2018). A pattern of face-to-face contact activities between the environment and the developing kid is referred to as the microsystem, which is the initial system. The environment consists of people with various personalities and worldviews as well as tangible objects. The system's components include the child's house, school, and peer groups. The mesosystem, which is the second circle, consists of "the links and processes taking place between two or more contexts including the developing person."

Erikson, the creator of the psychosocial theory, argued that children's behavior in resolving conflicts will determine whether they are socially affected favorably or negatively. Erikson describes emotional development as a series of eight stages, called c*onflicts*, which must be “resolved” before proceeding to the next conflict. According to Erikson, a child enters the stage of initiative versus guilt conflict when they are in pre-school(Miller, 2011).

According to behaviorists or learning theorists like Skinner and Bandura, the practice of rewarding or punishing children has a significant impact on how they behave. Rewarding behavior will be increased while punishing conduct will be diminished. These and other developmental theories are taken into consideration by professionals of child care and emotional development and caring systems(Weegar & Pacis, 2012).

Vygotsky is a sociocultural psychologist who holds that a child's environment during development is influenced by that environment. Shared information, shared ideals, and socialization processes make up the environment. The social customs of preschools and other settings might be used to express this. He continued by saying that with adult help, children's actual developmental milestones can be exceeded (Holzman, 2016). According to (Miller, 2011 p. 175), who quotes Vygotsky, learning stimulates a number of internal developmental processes when a kid interacts with peers and adults in his or her surroundings. Vygotsky stressed the value of adults and schools providing scaffolding and assistance as a means of changing children's areas of developmental growth.

According to Jean Piaget theory cognitive development refers to the capacity to comprehend and know the world Children's brains are still growing and developing after they are born. The brain develops during the first eight months of a child's life. In order to wire the brain, connections are created. Children engage and explore repeatedly while playing. The connections in the brain are strengthened by these repeated experiences.

Play is among the most crucial methods for helping kids improve their capacity for thought. Children should be given a wide range of novel materials, exposed to novel situations, and encouraged to explore and experiment. Developing cognitive abilities is a proactive process that necessitates experiential learning. Pick challenges that are just challenging enough for kids to pick up a new skill or shift their thinking. According to Maria Montessori, kids should be able to work independently in a spotless, lovely, and structured setting with kid-sized supplies and adults who can help them grasp responsibility and order. When you implement

With Montessori principles in a child care setting, you'll create a space that is full of beauty and order, provide kid-sized furnishings and materials, give kids access to the resources they need, teach them to put those resources back where they belong when they're done, and create opportunities for sensory experiences

2.5. Definition and conceptual framework of Emotional development

The concept of emotion has two important ideas: positive and negative emotions. Positive emotions in psychology aim to "increase thriving by promoting happy feelings, positive engagement, meaning, positive connections, and accomplishment." According to positive psychology's creator (Kobau et al., 2011) and Huppert & So (2013), positive psychology is defined as having high levels of pleasant emotions as well as any of the following: self-esteem, optimism, resilience, vitality, self-determination, and positive relationships. The positive psychology notion of well-being raises some issues that are particularly relevant to understanding emotions.

Positive affects as a mood dimension consist of such things as excitement, self-assurance, and cheerfulness at the high end and boredom, sluggishness, and tiredness at the low end. Negative emotions, as opposed to positive ones, "warn us about a specific threat; when we feel fear, it is almost always preceded by a thought of danger. Negative feelings are often known as "firefighting emotions" (Oxford, 2015). Negative affect is a mood dimension that ranges from high levels of tension, stress, and anxiety to low levels of calmness, serenity, and poise. Emotion is the "feeling" part of consciousness, characterised by a particular physical arousal, a particular action that expresses the emotion to others, and a particular internal awareness of feelings. This brief explanation demonstrates that emotion is made up of three parts: physiology, behaviour, and subjective experience.

Physiology of emotion according to the physiology of emotion, when a person is feeling an emotion, the sympathetic nervous system induces physiological arousal. The moth may get dry, and its heart rate, breathing rate, and other physiological indicators may all increase. Next, think about the most recent times you've experienced fear or fury. It might be difficult to distinguish between distinct emotions based only on their physical outward manifestations, even if various emotional responses lead to various facial expressions. It is quite easy to mistake someone's aroused condition for their fear or wrath when their face is veiled, which can lead to many misunderstandings.

The behavior of emotion explains how people act when they are overcome by emotion. The way a person is feeling can be seen by others through their facial

expressions, body language, and actions. To convey emotion, a person may use hand gestures, body turns, spoken words, frowns, smiles, and sorrowful expressions. Along with a myriad of other behaviours motivated by their own emotions, people fight, run, kiss, and yell. Although some features of facial expression appear to be the same throughout cultures, others might vary. Subjective experience emotions: the third element of emotion interprets the subjective feeling by assigning a label to it, such as anger, fear, disgust, happiness, sadness, humiliation, interest, or surprise. Another name for this component is the "cognitive component," since it involves recalling memories of prior experiences that were similar, recognising the context of the emotion, and coming up with a label to describe it. A person's label for a subjective emotion is, at the very least, a learned reaction shaped by language and culture. People with various cultural origins may respond differently to these terms.

Development is the pattern of biological, cognitive, and socio-emotional changes that begins at conception and continues through the life span. It is a progressive series of qualitative and quantitative changes that occur as a result of maturity and experience.

2.6. Theories of emotion

2.6.1. Evolutionary Theory of Emotion

Charles Darwin, a naturalist, postulated that emotions developed because they were adaptive and helped both humans and animals live and procreate. People look for partners and start families out of feelings of love and affection. People are compelled to fight or run away from danger when they are afraid. The evolutionary theory of emotion holds that our emotions exist because they play an adaptive function. People are more likely to succeed and survive when they respond swiftly to environmental cues as a result of emotions. Understanding other people's and animals' emotions is essential for safety and survival. It's likely that if you come across an animal that is hissing, spitting, and clawing you will recognise that it is scared or defensive and leave it alone. Understanding how other people's and animals' emotions are expressed will help you respond appropriately and stay out of harm's way.

2.6.2. James Lang's Emotional Theory

This theory of emotion is based on the work of Carl Lang (1885), a physiologist and psychologist in Denmark, who developed an explanation of emotion that is so similar to that of William James (1884, 1890, and 1894), the founder of the functionalist perspective in the early history of psychology. The two names are combined to refer to the theory as the James Lang theory of emotion. According to this idea, a stimulus of some kind, like the big, growling dog, for instance, causes a physiological response. This response, which is the sympathetic nervous system's arousal, causes physiological feelings including an accelerated heartbeat, a parched mouth, and quick breathing. James and Lang held that emotional labelling occurred as a result of physical arousal (Lang, 2011).

2.6.3. Cannon-Bard theory of emotion

Theoretically, emotion and physiological arousal take place roughly at the same time, according to physiologists (Bard, 1975). Cannon, a specialist in sympathetic arousal processes, did not believe that the bodily alterations induced by various emotions were sufficiently distinctive to be recognised as such. Bard elaborated on this theory by asserting that the cortex and the sympathetic nervous system organs receive the sensory information that enters the brain simultaneously (through the thalamus). As a result, fear and physical responses are felt simultaneously rather than sequentially (Dror, 2014).

2.6.4. Schechter-Singer

The Schachter-Singer theory proposes that people infer emotions based on physiological responses. The critical factor is the situation and the cognitive interpretation that people use to label that emotion. According to Schachter and Singer's cognitive arousal theory, bodily arousal and labelling of arousal based on cues from the environment must both occur before emotion can be felt. The Schachter-Singer theory is a cognitive theory of emotion that suggests our thoughts are responsible for emotions. The physical arousals are: heart racing, eyes widening, etc.

2.6.5. Cognitive Arousal Theory

According to appraisal theories of emotion, thinking must occur first before experiencing emotion. Richard Lazarus was a pioneer in this area of emotion, and this theory is often referred to as the Lazarus theory of emotion. The cognitive appraisal theory asserts that your brain first appraises a situation, and the resulting response is an emotion. According to this theory, the sequence of events first involves a stimulus, followed by thought, which then leads to the simultaneous experience of a physiological response and the emotion. For example, if you encounter a bear in the woods, you might immediately begin to think that you are in great danger. This then leads to the emotional experience of fear and the physical reactions associated with the fight-or-flight response

Emotional intelligence (EQ) was developed by Daniel Goleman in 2005 as a result of earlier research on multiple intelligences, empathy, neuro-linguistic programming, and transactional analysis. Goleman said that emotional intelligence must be taken into account because the intelligence quotient (IQ), or classically characterised intelligence, is insufficient to account for heterogeneity in human behaviour (Kumar & Shivakumar, 2018). Knowing and controlling one's own emotions, inspiring oneself, identifying and comprehending the emotions of others, and managing relationships are the four categories he described as constituting emotional intelligence. According to research on emotional intelligence, it can improve relationships, lessen conflict, lessen stress and anxiety, and boost stability, self-motivation, social awareness, and harmony. It is feasible for people and organisations to develop new facets of emotional intelligence with increased awareness and effort (Holt & Jones, 2005).

CHAPTER THREE:

3. RESEARCH METHODOLOGY

3.1. Description of study area

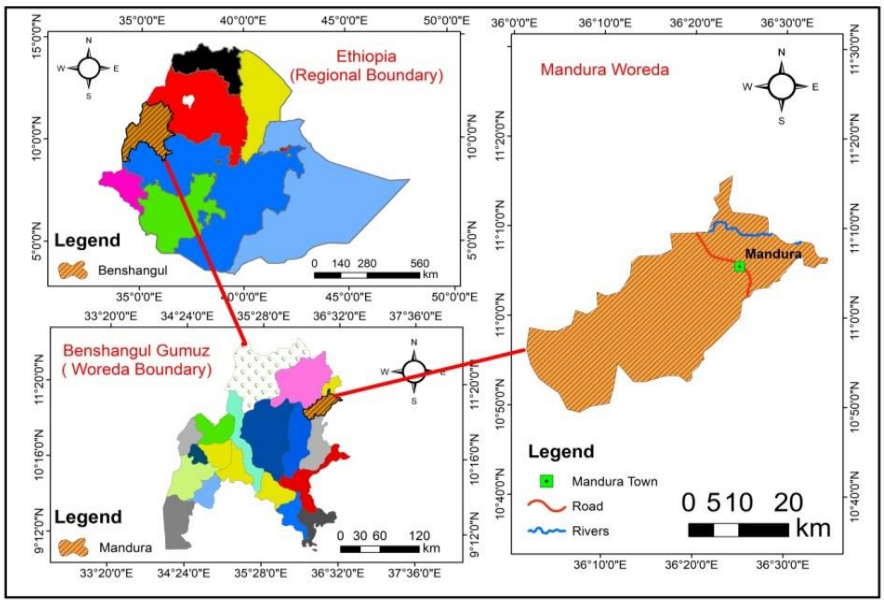
Metekel Zone is found in Ethiopia's Benishangul-Gumuz Regional State. On the south and south-west, Kamashi borders it; on the west, Sudan; and on the north and east, the Amhara Region (Awi zone). The zone's border with Kamashi and bordered by the Abay (Blue Nile) River, while a portion of its border with the Amhara Region is bordered by the Dinder River. The largest zone in the area, Metekel Zone, comprises three Zones. The principal crops farmed in the area include finger millet, sorghum, and maize. Soybeans, sesame, and groundnuts are among the cash crops that are famously grown in the Zone. It might develop into a marble and gold mining zone. The Metekel Zone is located between 511 and 2,700 m above sea level. Lowlands make up more than 88% of the zone. The zone experiences bimodal rainfall, with annual rainfall amounts ranging from 1,200 to 1,900 mm and an average temperature of 15°C to 27°C.

Mandura is one of seven districts in the Metekel Zones. It is bounded to the north by Pawi woreda, to the south Debatie woreda, to the west by Dangur woreda, and to the east by Amhara region. According to the Central Statistical Agency of Ethiopia's (CSA) 2007 Census, Metekel Zone is home to 276 367 people, including 139 119 men and 137 248 women. Cities are home to 37,615 people, or 13.61% of the total population. From this Mandura woreda had a population of 40,746 of which 21,241 were men and 19,505 were women; 7,518 or 18.45% were urban dwellers.

Therefore the last four years' rapid escalation of the insecurity in Metekel Zone, which has been present since 2019, the federal government of Ethiopia on January 21 proclaimed a State of Emergency in the area including Mandura District. A total of 150,000 people have been forced to migrate out from their homes as a result of attacks by unidentified armed groups (UAGs) since July 2020 in the woredas of Bullen, Dangur, Dibate, Guba, Mandura, and Wombera. This represents more than 30% of the 479,162 people who made up the Metekel Zone's total population in 2007 (Ille et al., 2021).

The majority of the internally displaced people (IDPs) more than 77,000 have fled to the nearby Awi Zone in the Amhara Region, leaving almost 100,000 IDPs inside Metekel. According to reports, 566 Gumuz refuge seekers landed in the Blue Nile Province of Sudan. However the researcher interested to identify the effect of conflict on child care and emotional development of children in Mandura District which currently suffered by the conflict. Similarly, though the Metekel zone Mandura woreda people may be passing through a number of miserable life situations due to conflict; this study mainly focuses on identifying the effect of conflict that affect childcare and emotional development of children who facing at present in their places of living.

Figure1. Shows Description Geographical Locations of Mandura District



Source GIS 2023

3.2 Research design

The main objective of this study was to explore parental child nurturing care practices and the emotional and behavioural problem of children in Mandura District. In order to meet the objective, the researcher used mixed descriptive survey design combining qualitative and quantitative methodologies in such a way that they complement one another. The design provides a more in-depth understanding of the various dimensions of

conflicts in Metekel Zone Mandura district in terms of their effects on parental childcare and emotional development.

3.3. Population of the study

Population unit from which the sample is obtained in a sampling frame. Sampling techniques provide a range of methods that facilitate reducing the amount of data needed to collect by considering only data from a sub-group rather than all possible cases or elements. At the time of conducting research, it is often impossible or too expensive to collect data from all the potential units of analysis included in the research problem. From the population frame, the required respondents for the study were drawn. The target population of this study was selected from parents in Mandura District were 480. The total sample size of the study was 218, 109 people chosen from IDP sites and 109 people chosen from non-IDP sites. The researcher used Slovin's formula to calculate the sample size (n) given the population size (N) and a margin of error (e). It is computed as n = N / (1+Ne2).

n = sample size required.

N= is the number of people in the population.

e = allowable error limit (0.05) on the basis of 95 percent degrees of confidence

Accordingly, the study site were selected from two Kebeles,by purposive sampling from IDPs and non-IDPs sites. From both site the total population were 480. Therefore the sample size determination was calculated as follows:

n=480/1+480(.05)2

=480/2.2

218 were the sample size for this study from two Keble residents and it covers 45% of the total population. A sample size of 10-40% of the population is considered enough for the generalisation of the findings to the whole study, (Mugenda, 2003).

3.3 Sample selection

A sample of 218 respondents was chosen to represent the views of the entire population in different proposals and catagorize into IPDs and NON-IDPs as shown in the diagram.

Table 1 Population and sample size

No	Caregiver expert respondent	Target Population	selected sample	Percentage
1	Parents from IDPs site	315	109	34.6%
2	Parents from none IDPs site	160	109	68%
	Total	**480**	**218**	**44.7%**

3.4. Sampling procedure

The researcher used both probability and non-probability sampling methods to adhere to the goals of this study. In probability samples, the researcher uses simple random sampling to select parents to ensure that every member of the population has a known and equal chance of being selected. Random sampling is a strategy to selected sample population from entire population. In non-probability sampling, the researcher used purposeful sampling to select parents for an interview.

3.5. Data source

Needed data were collected from primary sources by using interviews and questionnaires. To gather the primary data based on quantitative and qualitative methods, the information obtained through questionnaires, and interview questions measured the perceived reasons for the effect of conflict on childcare and emotional development.

3.6. Data Collection Method

For this study, researchers used a questionnaire and in-depth interviews as methods of data collection. A scales were used to collect the primary information based on quantitative methods. Whereas an in-depth interview was conducted with research participants using guide questions is an instrument of data collection with qualitative components that focuses on a phenomenon.

3.7.Data gathering instrument.

Measurement scales were translated from English to Amahric and back translated to English to check consistency.

3.7.1. Questionnaire

Parenting and family adjustment scales (PAFAS) and strengths and difficulties questionnaire (SDQ) were used to measure child nurturing care practice and child emotional and behavioral problem respectively. PAFAS has parenting consists of four subscales and PAFAS Family Adjustment consists of 3 subscales which can be interpreted as good if they score low and poor if the total score in each sub scale is high. In this study if they score 50% of the total score in each sub scale they considered as practice poor child nurturing practice and if less than 50% of the total score considered as they were practicing good nursing practice. is a brief behavioural screening questionnaire for emotional and behavioral disorders in children and adolescents aged 4-16 years.

The strengthen difficulties questionnaire SDQ responses can be obtained from parents, teachers and even children themselves when they are aged above 11 year. The SDQ consists of 25 items which are categorized into five domains (emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior). There are five items in each of the domains. The SDQ has been translated and approved by the developer to be used in Ethiopian context on the same cohort and shows good construct and convergent validity when used as a continuous scale.

3.7.2. Interview

An interview is an instrument of data collection with qualitative components that focuses on a phenomenon. The qualitative component of this study was focused on the experiences of individuals about the event, and information was collected through in-depth interviews with selected key informants. Key informants were selected from parents regarding their perceptions of the impact of conflict on childcare and emotional growth.

3.7.3. Instrument Reliability and validity

To assess participants' perceptions of the impact of parental childcare practices and emotional problems in conflict situation, the researcher first develops both questionnaire and interview for data collection. Prior to implementation, the first draft questionnaires were sent to the main advisor and co-advisor for their comments on of the test items and the content validity of the instruments. Following their comments, the questionnaire was modified and piloted on similar participants to check its understandability and clarity.

In this study the main criteria and statistical tests used in the assessment of reliability (stability, internal consistency and equivalence) and validity (content, criterion and construct) of instruments are presented, and discussed by Cronbach's Alpha using SPSS and getting adviser approval. The researcher quickly conducts a test study after checks the reliability of the instruments. Accordingly, the Cronbach alpha of the scale is a value in the range of 0.60–0.80, which is considered moderate but acceptable. While Cronbach's alpha in the range of 0.8 and up to 1.00 is considered very good. In the current study, appropriate approaches used to establish the content validity of the data collection instruments (questionnaire and interview).

3.8. Methods of Data Analysis

The data gathered from parents by interview and questionnaire (PAFAS and SDQ) from primary sources was analysed thematically in accordance with the study's objectives for the qualitative bit, and descriptive and logistic regression were used to follow the nature of the dependent variable (binary).

3.9. Ethical Consideration

Before starting this assessment, ethical clearance was obtained from the Mandura Woreda administration office. The letter from Jimma University has been submitted to the office, and permission has been secured to conduct this assessment. Research ethics is the "moral" principle that governs research from its inception through the dissemination of results and beyond. The researcher sends a formal letter from Jimma University to the relevant gathering. As a result, the researcher conducted this study in accordance with all applicable ethical standards from start to finish and tried to treat study participants fairly.

This means that the researcher must first inform the study participants of the study's goal and advise them that the information they supply will only be used for academic purposes.

Participants in the questionnaire and interview were also informed that they could freely answer the questions and withdraw their agreement at any time if it caused them any difficulty or trouble. The requirement to maintain participant data confidentially is another ethical consideration. Participants' information and identities have been kept confidential because the topic is politically sensitive. The participants are also given the assurance that this research report is not using their real identities but rather pseudonyms or codes. Additionally, they assert that they have a right to know the study's findings. Written consent was also obtained from each particpants.

CHAPTER FOUR

4.Demographic characteristics of respondent

Under this chapter main findings of the study were presented using table and narration of the qualitative data.

Table 2 Demographic characteristics of respondent (N=218)

Variable	Characteristics	Frequency	Percentage
Living area	IDP area	**109**	50%
	Non-IDP area	**109**	50%
sex	male	79	36%
	Female	139	64%
Age years	20-35	61	28%
	36-45	98	45%
	46-65	55	25%
	Above 65	4	2%
Marital status	Married	198	91%
	Single	0	0%
	Divorced	20	9%
Educational status	Uneducated	70	32%
	Primary school	98	45%
	Secondary school	18	8%
	College and above	32	15%
Employment	Farmer	153	70%
	Merchant	25	12%
	Employed	40	18%

All (218) distributed questionnaires were filled complete and consistently, with a response rate of 100% and returned back. Among the total respondents who filled out the questionnaire, 79 (36%) were male and 139 (64%) were female. As can be seen in the above table 2, more women were participated in the study over men. The reason was that men were back to the original place searing for jobs to win bread for their family.

With regard to the respondents age category, the majority of the respondents are in the age group of 36–45 years 98 (45%), followed by an age group of 20–35, which is 61 (28%), 55 (25%), of them belong to an age group between 46–65, and 4 (2%) of them belong to an age group of 61 or above. with a minimum age of 25 and a maximum age of 76. In relation to the marital status of respondents, more than half 198 ((91%) of the respondents were married, none of them were single, while the rest 20 (9%) of them were divorced. With regard to educational level, 70 (32%) of them were uneducated, 98 (45%) of them attended elementary school, 18 (8%), of them attended secondary school, and the remaining 32 (15%) of them were attended college and above.

4.1. Result of Quantitative Data Analysis

4.2 Parental childcare practices and family adjustment

As indicated in Table 3 below regarding parental consistency, 145 (66.5%) respondents reported poor parental consistency, whereas 73 (33.5%) respondents reported good parental consistency in in caring for their children

As interviews participants described that the destruction of family property and possession due to conflict had directe affects on the parental consistency of parental child feeding practises, which include breastfeeding and complementary feeding practises, including the type, quantity, consistency, texture, energy, and nutrient density of food; the frequency of feeding; and the diversity of the diet. That means the feeding system of parental childcare was totally depleted during and after the conflict. As they described, during conflict, parental childcare practises have disorganized and inconsistency on parental food preferences, food kind, and food availability. These effects of parental inconsistency strategies on feeding practises have delayed children's development of eating behaviours and weight status.

One woman in Mandura woreda was specified as:

One of the key informant stated that "as a result of the violence, certain agricultural, water, health, marketing, shop, hotel, transportation and educational facilities had to close due to worker displacement, while others had to be rebuilt after being damaged. For example, the rural Kebele's facilities in Mandura woreda were all

but shut down for a number of years. Even still know it is not functional. The destruction of resources in the conflict-affected area was constrained how parents consistency provided basic services for their children.''

Regarding coercive parenting, 110 (50.5%) respondents were poor in coercive parents, whereas 108 (49.5%) were good coercive parents in terms of parental childrearing practise and family adjustment. In terms of positive encouragement, 129 (59.2%) respondents received poor positive encouragement, whereas 89 (40.8%) received good positive encouragement in measuring parental care practise and family adjustment. In parent-child relationship, 149 (68.3) respondents had poor parent-child relationship, and 69 (31.7) of them had good parent-child relationship in measuring parental care practise and family adjustment. In parental adjustment, 163 (74.8%) respondents were poor, whereas 55 (25.2%) of respondents were good in parental care practise and family adjustment.

Regarding parent-child relationships and parental teamwork, in nurturing care provision for their children, in an interview participants specified that poor parent-child relationships, poor parental teamwork or parental disadjustment had effects on childcare practises in terms of avoidable and treatable infections and injuries due to inadequate living circumstances, environmental risks such as damaged buildings and explosive munitions, and a lack of access to potable water and sanitary facilities. As the respondent discussed with the interviewer, the interaction between parents and child feeding has stressful, long-lasting impacts that may appear in the psychological, physical, and social wellness of children into adulthood. The poor interaction of parental or carer use of various strategies in their consistency of feeding practises, including pressure to eat, restriction, and monitoring feeding,

In terms of the family relationships 134 (61.5%) respondents had poor family relationships, and 84 (38.5%) of participants had good family relationships when measuring parental care practise and family adjustment. Finally, parental teamwork: 159 (72.9%) respondents reported poor parental teamwork, and 59 (26.1%) of them reported good parental teamwork in measuring parental care practise and family adjustment. The total score of parental care practices 145(66.5%) respondents were poor while 73 (33.5%) had good parental childcare practices and family adjustments.

In an interview the respondent justified that displacement from favoured sites of regular residency, a breakdown of customs and cultural values, and obvious violations of human rights affected parental childcare practise. In general, participants discussed how poor parental adjustment and poor family relationships have an effect on social exclusion, including exclusion from health and welfare services, the breakdown of social networks and support systems, and the undermining of hierarchical structures and social roles for children. Moreover, it significantly restricts parents' access to food, clean water, shelter, suitable clothes, health care, and sanitary facilities for children in conflict affected areas.

*One of the females said in an interiview**,** " in our catchment area, many healthcare services were not operating. This was brought on by the loss of medical personnel, harm to the health system, and a lack of supplies. As an illustration, the instrument's health material was destroyed during the conflict and has not yet been rebuilt. Children in that health post catchment therefore did not receive essential health care, such as immunisation."*

This indicates that conflict has a negative effect on parental childcare practises in terms of physical, psychological, social, economic, emotional, and behavioural growth, which may persist into adulthood (Ward et al., 2014, p. 44). It could also entail ignoring or failing to respond to a child's fundamental emotional needs.

Table 3childcare practice measured with Parenting and family Adjustment Scale (PAFAS)

Parental care practice and family adjustment	Status Good (score <50%)	Characteristics of respondents				
			Sex		Residence area	
		Total (%)	Father (%)	Mother N (%)	IDPS N (%)	Non-IDPS (%)
Parental	Good	73 (33.5)	21 (9.6)	52 (23.9)	25 (11.5)	48 (22.0)
consistency	Poor	145 (66.5)	58 (26.6)	87 (38.9)	84 (38.5)	61 (28.0)
Coercive	Good	108 (49.5)	21 (9.6)	87 (39.9)	28 (12.8)	80 (36.7)
parenting	Poor	110 (50.5)	58 (26.6)	52 (23.8)	81 (37.2)	29 (13.3)
Positive	Good	89 (40.8)	13 (6.0)	76 (34.8)	22 (10.1)	67 (30.7)
encouragement	Poor	129 (59.2)	66 (30.3)	63 (28.9)	87 (39.9)	42 (19.3)
Parent-child	Good	69 (31.7)	35 (16.1)	34 (15.6)	42 (19.3)	27 (12.4)
relationship	Poor	149 (68.3)	44 (20.2)	105 (48.1)	67 (30.7)	82 (37.6)
Parental	Good	55 (25.2)	27 (12.4)	28 (12.8)	27 (12.4)	28 (12.8)
adjustment	Poor	163 (74.8)	52 (23.9)	111 (50.9)	82 (37.6)	81 (37.2)
Family	Good	84 (38.5)	18 (8.3)	66 (30.2)	28 (12.8))	56 (25.7)
relationships	Poor	134 (61.5)	61 (28.0)	73 (33.5)	81 (37.2)	53 (24.3)
Parental	Good	59 (26.1)	16 (7.3)	43 (19.8)	21 (9.6)	28 (16.5)
teamwork	Poor	159 (72.9)	63 (28.9)	96 (44.0)	88 (40.3)	71 (32.6)
Total care	Poor	145 (66.5)	79 (36.2)	66 (30.3)	109 (50.0)	36 (16.5)
	Good	73 (33.5)	0 (0.0)	73 (33.5)	-0 (0.0)	73 (33.5)

As showed in Table 3, the IDP's score on parental consistency 84 (38.5%) of participants had parental inconsistency, 25 (11.5) of them had good parental consistency, and none of the IDPs 61 (28.0%) respondents had parental inconsistency, whereas 48 (22.0%) of them had good parental consistency in measuring parental care practises and family adjustment. The IDP's score of coercive parenting is 81 (37.2%) of participants were poor coercive parenting, 28 (12.8) of them were good coercive parenting, none of the IDP's 29 (13.3) respondents were poor coercive parenting, and 80 (36.7) of them had good coercive parenting in measuring parental care practises and family adjustment.

The IDP's score of positive encouragement 87 (39.9) of the participants received negative encouragement 22 (10.1) of them were positive encouragements, and none of the IDPs 42 (19.3) of the respondents expressed negative encouragement and 67 (30.7%) positive encouragement in measuring parental care practises and family adjustment. The

IDP's score on parent-child relationship 67 (30.7%) of participants had poor parent-child relationships, 42 (19.3%) had good parent-child relationships, and none of the IDPs, 82 (37.6%) of respondents had poor parent-child relationships, and 27 (12.4%) had good parent-child relationships in measuring parental care practises and family adjustment

The IDP's score of parental adjustment in measuring parental care practises and family adjustment, 82 (37.6%) of participants had poor parental adjustment, 27 (12.4%) had good parental adjustment, and none of the IDPs 81 (37.2%) of respondents have poor parental adjustment, and 28 (12.8%) of them have good parental adjustment when measuring parental care practises and family adjustment. The IDP's score of family relationships 81 (37.2%) of participants have poor family relationships; 28 (12.8%) of them have good family relationships; none of the IDPs have poor family relationships; 53 (24.3%) of respondents have poor family relationships; and 56 (25.7%) of them have good family relationships in measuring parental care practise and family adjustment.

The IDP's score on parental teamwork shows that 88 (40.3%) of participants have poor parental teamwork, 21 (9.6%) of them have good parental teamwork, and none of the IDPs 71 (32.6%) respondents have poor parental teamwork, and 28 (16.5%) of them have good parental teamwork, which measures parental care practise and family adjustment. .The total score 109(50%) of respondents had poor parental childcare practices,while 73(33.5%) had good parental childcare practices and family adjustments.

Regarding to IDPs respondents specified that displacement significantly restricts parents' access to food, clean water, shelter, suitable clothes, health care, and sanitary facilities for children in case of conflict distructing resouresec in the study areas. In qualitative description, the respondent justified that displacement from favoured sites of regular residency, a breakdown of customs and cultural values, and obvious violations of human rights affected parental childcare practise. In general, participants discussed how poor parental adjustment and poor family relationships have an effect on social exclusion, including exclusion from health and welfare services, the breakdown of social networks and support systems, and the undermining of hierarchical structures and social roles for children. Moreover, it significantly restricts parents' access to food, clean water, shelter, suitable clothes, health care, and sanitary facilities for children in conflict affected areas.

4.3.Child emotion and behavioral problem

Table 4 Characteristics of participants and child emotional and behavioral problem (n=218)

Characteristics		Sex of respondents						Residential area			
				Father		Mother		IDPS		Non-IDPs	
	Status	N	%	N	%	N	%	N	%	N	%
Emotional problem	Low	70	32.1	50	22.9	20	9.2	1	0.5	69	31.6
	High(≥4)	148	67.9	20	9.2	128	58.7	108	49.5	40	18.4
Conduct problem	Low	89	40.8	18	8.3	71	32.6	19	8.7	70	32.1
	High(≥4)	129	59.2	61	28.0	68	31.2	90	41.3	39	17.9
Peer problem	Low	98	45.0	9	4.1	89	40.8	14	6.4	84	38.5
	High(≥4)	120	55.0	70	32.1	50	22.9	95	43.6	25.5	11.5
Hyperactivity	Low	74	33.9	14	6.4	60	27.5	16	7.3	93	42.7
	High(≥4)	144	66.1	65	29.8	79	36.2	58	26.6	51	23.4
Total SDQ score	Low	79	36.2	15	6.9	64	29.4	15	6.9	64	29.4
	High(≥14)	139	63.8	64	29.4	75	34.4	94	43.1	45	20.6

As discussed in Table 4 on children's emotional problems, 148 (67.9%) of respondents have high emotional problems, while 70 (32.1%) have low emotional problems. In regards to conduct problems, 129 (59.2%) respondents have high conduct problems, whereas 89 (40.8%) of them have low conduct problems. According to the information obtained from qualitative data, i.e., participant interviews, presently in Mandura, woreda emotional symptoms include headaches, depression, feelings of sadness, a lack of interest in enjoyment from things, feelings of worthlessness, self-accusations, loneliness, and hopelessness. As they stated, these symptoms of emotional problems may develop due to the effects of conflict.

Regarding peer problems, 120 (55%) of the respondents have high peer problems, whereas 98 (45.0%) of them have low peer problems, in measuring children's emotional and behavioural problems. With regard to participants' interviews responses to the peer problem specified, as fear of being outside the home alone, feeling afraid in streets or open places, fear of fainting in public, and sudden attacks of panic with palpitations, shortness of breath, faintness, or other terrifying bodily sensations. Regarding hyperactivity, 144 (66.1%) respondents have high hyperactivity, whereas 74 (33.9%) of them have low hyperactivity. Finally, the total SDQ score of 139 (63.8%) respondents is

high on emotional and behavioural problem, whereas 79 (36.2%) of them have no probable emotional and behavioural problem.

Interview participants' views or responses on hyperactivity revealed feelings of being easily irritated or annoyed, anxious or fearful, tension or inability to relax, worry about several different things, restlessness, fear of interaction with strangers, and being easily startled. They also specified hyperactivity like loss of energy, diminished ability to think or concentrate, feeling slowed down, rest not restoring strength, being easily fatigued, and loss of appetite. Survey result with SDQ also showed similar to the qualitative bit high emotional and behaviour problem. This implies that all indicators of emotion discussed in quantitative analysis are confirmed in the interview participant's recognition of the severe effects of children's emotional and behavioural problems.

One informant stated the following in response to participant replies on the effects of the conflict challenges encountered by vulnerable IDPs and their life experiences at the new settlement sites:"After being forced out of our homes, we experienced a hazardous period in our lives. The participant said that we had experienced many types of worries about passing away on our travels, and the thought still occasionally crossed our minds while we were in the sheds. We believe that we are useless, inferior to the living, and superior to the dead; we lack any sense of future optimism. We unexpectedly lost the possessions and things we had gathered over the years in a short period of time. Additionally, we are apart from our neighbours because we will never forget the misfortune that left us penniless and because we do not want to think back on the terrible day when all we owned was taken from us. It is something that I consider time and again on my part."

Regarding the internally displaced peoples and none internally displaced peoples in the above tables 3, the IDPs score of emotional problem was 108 (49.5%) of participants have a high emotional problem, 1 (0.5%) of them have a low emotional problem, and none of the IDPs 40 (18.4%) respondents have a high emotional problem, whereas 69 (31.6%) of them have a low emotional problem in measuring children's emotional and behavioural problems. In the IDP's score of conduct problem, 90 (41.3%) of participants have a high conduct problem, 19 (8.7%) of them have a low conduct problem, and none of the IDP's 39 (17.9%) respondents have a high conduct problem,

whereas 70 (32.1%) of them have a low conduct problem, which measures child emotional and behavioural problems.

The IDPs score of peer problem was 95 (43.6%) of participants have high peer problem, 14 (.4%) of them have low peer problem, and none of the IDPs 26 (11.5 %) respondents have high peer problem, whereas 84 (38.5%) of them have low peer problem, which measures child emotional and behavioural problems. The IDP's score of hyperactivity 58 (26.6%) of participants have high hyperactivity, 16 (7.3%) of them have low hyperactivity, and none of the IDPs 51 (23.4%) of respondents have high hyperactivity, whereas 93 (42.7%) of them have low hyperactivity in measuring child emotional and behavioural problems. Finally, in the total IDP score of the SDQ, 94 (43.1%) of participants have a high SDQ, and 15 (6.9%) of them have a low SDQ, while none of the IDPs 45 (20.6%) of respondents have a high SDQ, whereas 64 (29.4 %) of them have a low SDQ, which measures child emotional and behavioural problems.

The following quotations were extracted from an additional interview as proof in favour of the findings stated above..

"Since being moved to this site shelter and even earlier along our journey, we have faced a number of significant obstacles. We were brought here with many promises, including the assurance that we would only stay for a year. But after a year, we would be resettled in new, permanent neighbourhoods with sturdy homes rather than in structures like this. In addition, we used to receive food rations, but now we receive nothing, making life unpleasant for us because we have nothing to feed our children. Some of us may have food for daily use if we have family abroad, but others of us deprived of families are hungry. Therefore, the government and other relevant organisations must be concerned, come to see us, comprehend the way we live, and offer us help."

4.4.Relationship between child nurturing care and emotional and behavioural problem

Under this section, the association between chid nurturing care and emotional and behavioural problem was seen. As a result of this, the relationship between parental child nurturing care practises and emotional development is indicated in the table below.

Table 5: Association between child nurturing care and emotional and behavioral problems (n =218)

Variables		Conduct	Emotion	Hyperactivity	Per problem	Total SDQ
		Odds Ratio (95% Confidence Interval) and P value	**Odds Ratio (95% Confidence Interval) P value**	**Odds Ratio (95% Confidence Interval) P value**	**Odds Ratio (95% Confidence Interval) P value**	**Odds Ratio (95% Confidence Interval) P value**
Parental consistency	Crude	2.1 (1.4, 3.0) P<0.001	8.2 (4.8, 14.1) P<0.001	1.4 (0.9, 2.0) P<0.001	3.1 (2.1, 4.7) P<0.001	**3.2 (2.1, 4.7) P=<0.001**
	Adjusted	0.8 (0.5, 1.5) P=0.430	3.9 (2.0, 7.4) P<0.001*	1.92 (1.2, 3.1) P=0.010*	1.2 (0.7, 2.1) P=0.496	**1.4 (0.8, 2.2) P=0.007**
Coercive parenting	Crude	3.7 (2.3, 5.9) P=0.005	16 (7.9, 32.9) P=0.002	5.2 (3.1, 8.5) P=<0.001	5.3 (3.1, 8.9)* P<0.001	**4.0 (2.5, 6.5)* P<0.001**
	Adjusted	1.9 (1.1, 3.5) P=0.021*	15.3 (5.3,44.4) P<0.001*	5.4 (2.8, 10.3) P<0.001*	6.2 (2.7, 14.2) P<0.001	**3.7 (1.9, 7.2) P<0.001**
Parent-child relationship	Crude	1.6 (1.1, 2.3) P=0.02	1.4 (0.9, 2.0) P=0.104	0.85 (0.58, 1.2) P=0.421	1.4 (1.0, 2.1) P=0.056	**1.2 (0.84, 1.8) P=0.287**
	Adjusted	1.1 (0.6,1.) P=0.006	0.6 (0.3, 6.0) P=0.0469	0.4(0.2, 0.6) **P=0.871**	1.5 (1.2, 1.8) P=0.094	**1.4 (1.2, 1.8) P=0.786**
Parental adjustment	Crude	2.7 (1.7, 4.3) P<0.001	1.8 (1.1, 2.7) P=0.013	2.4 (1.5, 3.7) P<0.002	2.3 (1.5, 3.6) P< 0.001	**2.2 (1.4, 3.4) P=0.001**
	Adjusted	2.0(1.1, 3.4) P=0.019*	1.6 (1.3, 1.7) P=0.015*	1.9 (1.1, 3.1) P=0.019*	1.4 (0.8,2.4) P=0.233	**1.7 (0.9, 2.9) P=0.032***
Family relationship	Crude	2.7 (1.7, 4.3) P<0.001	3.1 (1.9, 5.2) P<0.001	2.4 (1.5, 3.8) P<0.001	2.3 (1.5, 3.6) P<0.001	**2.2(1.4, 3.4) P=0.001**
	Adjusted	1.9 (1.5,2.7) P=0.009*	2.3 (1.0, 4.9) P=0.042*	4.8 (2.4, 9.7) P<0.001*	1.7 (0.8, 3.3) P=0.136	**5.0 (2.2, 11.2) P<0.001**
Family teamwork	Crude	1.7 (1.1, 2.7) P=0.026	3.1 (1.9, 5.1) P<0.001	5.6 (3.1, 9.8) P< 0.001	2.5 (1.5, 4.1) P< 0.001	**5.6 (3.1, 10.2) P<0.001**
	Adjusted	0.9(0.6, 1.7) P=0.996	2.6 (1.3, 5.9) P=0.003	4.8 (2.4, 9.7) P<0.001*	1.9 (0.8, 3.4) P=0.216	**5.1 (2.2, 11.2) P<0.001***
Over all care	**Crude**	**3.7 (2.1, 6.7) P<0.001**	**22.9 (10.2, 47.9) p<0.001**	**8.8 (4.6, 16.7) P<0.001**	**14.8 (7.2, 30.6) P<0.001**	**6.4 (3.4, 11.9) P<0.001**
	Adjusted	**2.2 CI (0.9, 4.9) P=0.056**	**12.7 (4.8, 33.8) P<0.001**	**7.5 (3.1, 18.4) P<0.001**	**5.7 (2.4, 13.5) P<0.001**	**3.8 (1.5, 7.4) P=0.002**

Parental poor child nutring care practice was found associated significantly with the over all emotional and behavioural problem of children both in crude Odds Ratio (OR)=6.4 Confidence interval (CI) (3.4, 11.9), p< 0.001 and adjusted Odds Ration

(AOR) =3.8 (CI) (1.5, 7.4), p= 0.002 logistic regression, indicating the likelihood of occurrence of emotional and behavioura problem of children is 3.8 times higher where parent exercises poor parental nutruirng care.

It was all associated significantly with emotional sub domain AOR =12.7 CI (4.8, 33.8) P<0.001, hyperactivity AOR= 7.5 CI (3.1, 18.4) P<0.001 and peer problem AOR=5.7 (2.4, 13.5) P<0.001 but not with conduct sub-domains AOR=2.2 CI (0.9, 4.9) P=0.056

In a further analysis of sub scales of PAFAS, parental consistency AOR=1.4 (0.8, 2.2) P=0.007, coercive practice AOR=3.7 CI (1.9, 7.2) P<0.001 parental adjustment AOR=1.7 CI (0.9, 2.9) P=0.032, family relationship AOR=2.2 CI (1.4, 3.4) P=0.001 and family team work AOR=5.1 (2.2, 11.2) P<0.001 were all found significantly associated with total emotional and behavioural problem

CHAPTER FIVE

5. DISCUSSION

5.1. Parental childcare practices

Under this section main findings discussd in line with objectives of the study, pervious and studies. It was found that 145 (66.5%) parents practice poor child nurturing care practice and child emotional and behavioura problem was also very high. Association between nurturing care practice and child emotional and behavioural problem of children was found statistically significant. In anterview, Particpants was raised the effect of conflict had on childcare practices, indicting conflict had a direct and indict effect on child care practice and child emotional development. The IDPs had poor parental care practices 109 (50%) of respondents while 36 (16.5%) fromnon-IDPS reported that they had poor child nurturing care practice and emotional and behavioural problem was also high in IDPS than non-IDPs site. And Parental poor child nutring care practice was found associated significantly with the over all emotional and behavioural problem of children both in in crude Odds Ratio (OR)=6.4, confidence interval (CI) (3.4, 11.9), p< 0.001 and adjusted Odds Ration (AOR) =3.8 (CI) (1.5, 7.4), p= 0.002 of logistic regression.

Therefore this poor parental care practise and family adjustment may be the effects of conflict on parental childcare practise on the study area. Moreover, conflict significantly restricts parent's access to food, clean water, shelter, suitable clothes, health care, and sanitary facilities for children in conflict affected area.

Similarly, Conners-Burrow et al.,(2013), reported that childcare providers are important position to support and promote positive social and emotional development. Early childhood education and care can build the foundation for future success in health and nutrition, learning and academics, social and emotional development, and economic output (Shonkoff et al., 2012). Parents and caregivers play the biggest role in social and emotional development because they offer the most consistent relationships for their child (Driscoll & Pianta, 2011). But this important contribiution of the parent was broken and undermined with the impact of conlict in the area. As a result early childhood care can build the foundation for future success in holistic development of

their future live. Although conflict disturbs childcare provider like Parents, caregivers and other humanitarian supporter

According to Kadir et al., (2019), death, physical and psychological trauma, and displacement are all direct consequences of conflict. Indirect effects include inadequate and unsafe living conditions, environmental hazards, caregiver mental health, separation from family, displacement-related risks, and the destruction of economic infrastructure. This indicates that conflict have negatively effect on parental childcare practices. In agreement with the current study, an assessment done by UNHCR in 2006, showed that conflict causes a significant loss of both material goods like homes, income, land, or other forms of property as well as intangible symbolic goods like cultural heritage, friendships, and a sense of belonging in childcare practises, particularly in conflict-affected areas. Its harmful effects on parental childcare include things like impoverishment, social exclusion, exclusion from health, welfare, and services, the dissolution of social relationships and support systems, and the undermining of social roles and authority structures.

According to Macintyre et al., (2008), both structural and compositional aspects of an area can have an impact on the wellbeing of its inhabitants. The qualities of the community's people and its overall social functioning are referred to as compositional characteristics which is an agreement with the finding rom the current study that both poor parental acare and child emotional problem was high in IDPs over the non-IDPs. The degree of crime or the community's social cohesion is just two examples of characteristics that make up social functioning. According to Sellstrom and Bremberg's (2006) systematic evaluation of 13 multilevel studies, neighbourhood environment was linked to a number of child outcomes, including birth weight, behavioural issues, risk of injury, and child abuse. According to the LSAC study, living in a low-income neighbourhood is linked to more behaviour problems and peer problems (Smart et al., 2008). Therefore as the studies shaw IDPs had effect on parental child nurturing care practices and emotional problem of children.

Generally speaking, (Mooney, 2005; UNHCR, 2006), the negative effects of conflict-related displacement on people, families, and communities range widely and include impoverishment, social isolation, exclusion from services for health, welfare,

and education, the disintegration of social networks and support systems, and the undermining of hierarchical systems and social roles. In particular, displacement prevents children from receiving an education, has a negative psychological impact on both children and women, and puts them at a high risk of abuse, violent crimes, and violations of their human rights, such as roundups, forced conscription, and sexual assault

5.2. Child Nutruring care practice and child Emotional and behavioral problem

Of the total participants 139 (63.8%) was reported high emotional and behavioural problem of children, whereas 79 (36.2%) of them have no probable emotional and behavioural problem. Still the problem was high among IDPs 94 (43.1%) over 15 (6.9%) among non-IDPs. of them have a low SDQ, while 45 (20.6%) of respondents from non-IDPs. This implies that the majority of respondents have high emotional, on children's emotional and behavioural problems. Therefore this high emotional problems of children may be the effect of conflict on the study area.

Interview participants' views or response was shown that children who received less parental care had higher socio-emotional problems. For parents' evaluations of their children's SDQ, had such effect was discovered. It was discovered that having more spent with child receiving center-based care was associated with more socioemotional problems and less pro-social behaviour. Parents, however, believed that children who spent more time with families had better pro-social abilities and less socio-emotional issues. On socioemotional outcomes in children under the age of six, it was discovered that having non-parental childcare had a more negative impact (Hendry et al., 2023).

As respondent specified additional elements that affect children's socioemotional development were more strongly influenced by the child's health, and a number of parent, family, and socio-economic variables. All difficulty subscales, including conduct, hyperactivity, social, and emotional problems, were linked with poor parental nurturing child care practice. Children from lower social class families experienced much more challenges, including behavioural issues, and hyperactivity. Participant interiview also jesfied that carers with depressive symptoms during conflict tend to display attitudes such as lack of interest or difficulty concentrating and tend to be disengaged in carer-child interaction, including the use of less child-centred or controlling feeding practises.

It is theoretically feasible for non-parental care practices have a negative impact on children's socioemotional results. According to Hansen and Hawkes' (2009) theories, children who receive formal group care may exhibit more behavioural issues as a result of a weaker bond with their carer, having to compete for attention in busier, noisier environments that may be linked to increased stress and aggression, and the possibility that bad behaviour will be passed down through social learning. Similar to this study in the current study it was evident that children from IDPs were more manifested emotional and behviural problem

According to Rubin and Rose-Krasner (1992), interactions with peers are likely to lead to an increase in social cognition, which in turn may lead to an increase in social and emotional understanding, communication skills, and social problem-solving abilities. Supporting children's emotional development at an early age builds a solid foundation for their future, preparing children to successfully manage their emotions and behaviors, establish caring relationships with others, follow limits and expectations, and interact in groups (Kirk & Jay, 2018).

5.3. The associated between parental child nurturing and child emotional and behavioral problem

Parental poor child nutring care practice was found associated significantly with the over all emotional and behavioural problem of children both in crude Odds Ratio (OR)=6.4 Confidence interval (CI) (3.4, 11.9), p< 0.001 and adjusted Adjusted Odds Ration (AOR) =3.8 (CI) (1.5, 7.4), p= 0.002 logistic regression, indicating the likelihood of occurrence of emotional and behavioura problem of children is 3.8 times higher where parent exercises poor parental nutruirng care.

According to earlier research, there are both positive and negative correlations between non-parental childcare participation and socioemotional results (Sammons, 2010; Sammons et al., 2012; Melhuish et al., 2015; Camilli et al., 2010; Sylva et al., 2004; Keys et al., 2013). But in this study, researchers have given priority to results from studies that employ the Strengths and Difficulties Questionnaire (SDQ) as a measure of children's socioemotional development in order to facilitate comparison with the existing research.

According to Harrison's (2008) research, mothers who enrolled their kids in childcare gave them higher ratings for social competence and lower ratings for behavioural issues. In a later study, Harrison et al. (2009) excluded children in parental care and found that children now in formal centre-based care had lower pro-social behaviour and mother-rated problem conduct compared to children in informal care settings. Early childhood education's quality is influenced by both structural and procedural characteristics.

The National Institute of Health (ECCRN, 2000; Burchinal et al., 2002; Harrison, 2008; Sammons, 2010) The number of children and adult carers in the group, as well as the level of education and training of the carer, are examples of structural factors. While process elements include carer-child interaction, linguistic stimulation, and the warmth and supportiveness of interactions between adults and children. Numerous studies on early childhood education have found links between superior cognitive and socioemotional outcomes and centre-based childcare and interventions (Camilli et al., 2010; Sylva et al., 2004). Reviews also indicate that higher-quality childcare may lessen any negative effects of starting centre-based care at a young age (Sylva et al., 2004) and/or staying in care for longer periods of time (NICHD ECCRN, 2005) for disadvantaged groups (Melhuish et al., 2015; Keys et al., 2013). This means parental child nurturing care and family adjustment and child emotion and behavioral problem had sarong relationship.

5.4. Conclusion

This study was aimed to explore parental child nurturing care practices and emotional problem in conflict situation in Mandura district. From a total sample of 218 respondent 8 key informant parents were selected from two Kebeles using non-probability sampling purposifull, while the rest were selected using probability sampling using simple randem sampling technicques and were included in the study. Data were collected through interviews and questionnaires, with a questionnaire collecting quantitative information and in-depth interviews focusing on qualitative components. This study reveals that parental childcare practices are impacted by inconsistency, low coercive parenting, negative encouragement, low parent-child

relationships, parental disadjustment, lack of family relationships, and low parental teamwork.

Majority 145 (66.5%), of participants reported poor parental child nurturing care practices whereas only 73 (33.5%) of participants was practicing good in parental nurturing care in the area. It was highly differe among IPDs 109 (50.0%) and from non-IDPs 36 (16.5%) area. Overall, the results indicate that the majority of participants were practicing poor parental nurturing child care practise and family adjustment in the study area. Therefore this poor parental care practise and family adjustment may be the effects of conflict on parental childcare practise on the study area. Moreover, conflict significantly restricts parent's access to food, clean water, shelter, suitable clothes, health care, and sanitary facilities for children in conflict affected area.

Poor parental childcare practices are influenced by poor relationships and adjustment, leading to infections, injuries, and long-lasting impacts on children's psychological, physical, and social wellness. In contrast, IDPs face displacement, cultural values breakdown, and human rights violations, affecting their childcare practices. Poor family relationships also result in social exclusion, breakdown of social networks, and undermining of hierarchical structures. Although IDPs are high affected, in practices care practices than non- IDPs sites.

The study found that 139 (63.8%) respondents had high emotional and behavioral problems, while 79 (36.2%) had no probable problems. The majority of IDPs participants 94 (43.1%) had high emotional and behavioral problems, while 64 (29.4%) of non-IDPs had low SDQs. The study found that socioemotional development was more strongly influenced by the child's health and various factors, including parent, family, and socio-economic variables. Studies also found out that lower social class children faced more challenges, including behavioral issues and hyperactivity. Carers with depressive symptoms during conflict often displayed disengagement in carer-child interaction. In this case, the IDPS and bing from conflict area showe that it affects the parental care practice and emotional development of children.

Children with poor parental nurturing care have higher emotional and behavioural problem. Factors affecting children's emotional and behavioural problem

include conflict, poor care, health, family, and socio-economic factors. therefore, it was evident that children from parents with poor nurturing practice was manifested higher emotional and behavioural problem. Parental poor child nutring care practice was found associated significantly with the over all emotional and behavioural problem of children (AOR) =3.8 (CI) (1.5, 7.4), p= 0.002 indicating the likelihood of occurrence of emotional and behavioura problem of children is 3.8 times higher where parent exercises poor parental nutruirng care.

5.5. Recommendations

Following the findins and conclusion of the study following recommendatoons were made.

1. Existing social and material support needs to be strgethen and continue to address the demanding situation of people in conflict situation, particularly children in the IDPs.

2. Parensts in condlict sition should get psychological support and child nurturing care training to help them to cope with the demanding situation of children in emergency situation.

3. Social restoration including rehabiliatation of those affected with the conflict need to be done so that parent will be get reconnected to ther previous life and provide the necessary care for their children.

4. For the long lasting solution cultural and indgnious conflict resoluation should be enhanced so that children will not be victim of such conflict.

5. Finally, The researcher suggests future larger scale research on conflict in parental childcare practices and emotional development, focusing on conflict effects and solutions, and usual conflict resolution mechanisms.

Reference

Abebe, N., & Ababa, A. (2021). *The Case of Sululta Site IDP Shelters*.

Adane, A. A., Bekele, Y. A., Melese, E., Worku, G. T., & Netsere, H. B. (2020). Modern contraceptive utilization and associated factors among married gumuz women in Metekel Zone North West Ethiopia. *BioMed Research International, 2020*.

Admassu, M. D. (2019). Causes of ethnic conflict in Ethiopia and its effect on development: the case of 'Amhara'and 'Gumuz'communities. *Journal of Sustainable Development in Africa*, *21*(3), 64–79.

African Committee of Experts on the Rights and Welfare of the Child CONTINENTAL STUDY ON THE IMPACT OF CONFLICT AND CRISES ON CHILDREN IN AFRICA. (n.d.). www.acerwc.org

Alemu, K. A., Toni, A. T., Mekonnen, Z. A., & Assan, A. (n.d.). *The Burden of Internal Conflict on Expanded Programs on Immunization in Northwest Ethiopia: Implementation Science Study*. https://www.researchgate.net/publication/356442426

Anderson, K. B. (2016). Marx at the Margins. In *Marx at the Margins*. University of Chicago Press.

Anderson, S. R., Anderson, S. A., Palmer, K. L., Mutchler, M. S., & Baker, L. K. (2010). Defining high conflict. *The American Journal of Family Therapy*, *39*(1), 11–27.

Ask, S. B. (2014). *Unit 8 Unit 8*. 9–10.

Atmore, E. (2013). Early childhood development in South Africa–progress since the end of apartheid. *International Journal of Early Years Education*, *21*(2–3), 152–162.

Aunger, J. A., Millar, R., & Greenhalgh, J. (2021). When trust, confidence, and faith collide: refining a realist theory of how and why inter-organisational collaborations in healthcare work. *BMC Health Services Research*, *21*(1), 1–20.

Bard, P. (1975). The Story of Some Neuroendocrinological Studies in Cats. In *Pioneers in Neuroendocrinology* (pp. 15–33). Springer.

Bickford, T. (2019). USA. He is the author of Schooling New Media: Music, Language, and Technology in Children's Culture published by Oxford University Press. Melissa Bremmer is head of the Research Group Arts Education, together with Emiel Heijnen, at the Amsterdam Universit. *Music in Early Childhood: Multi-Disciplinary Perspectives and Inter-Disciplinary Exchanges*, *27*.

Blokland, T., & Harding, A. (2014). Urban theory: a critical introduction to power, cities and urbanism in the 21st century. *Urban Theory*, 1–312.

Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts. *Global Public Health*, *1*(1), 87–107.

Bradley, R. H., Caldwell, B. M., & Corwyn, R. F. (2003). The Child Care HOME Inventories: Assessing the quality of family child care homes. *Early Childhood Research Quarterly*, *18*(3), 294–309.

Breuer, J., & Elson, M. (2017). *Frustration-aggression theory*. Wiley Blackwell.

Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopedia of Education*, *3*(2), 37–43.

Burchinal, M. R., Cryer, D., Clifford, R. M., & Howes, C. (2002). Caregiver training and classroom quality in child care centers. *Applied Developmental Science*, *6*(1), 2–11.

Chandra, K. (2006). What is ethnic identity and does it matter? *Annu. Rev. Polit. Sci.*, *9*, 397–424.

Conners-Burrow, N. A., Kramer, T. L., Sigel, B. A., Helpenstill, K., Sievers, C., & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, *35*(11), 1830–1835.

Coren, E., Thomae, M., & Hutchfield, J. (2011). Parenting training for intellectually disabled parents: A Cochrane systematic review. *Research on Social Work Practice*, *21*(4), 432–441.

Deutsch, M. (2015). Autobiography of Morton Deutsch: A personal perspective on the development of social psychology in the twentieth century. In *Morton Deutsch: A Pioneer in Developing Peace Psychology* (pp. 3–37). Springer.

Deutsch, M., Coleman, P. T., & Marcus, E. C. (2011). *The handbook of conflict resolution: Theory and practice*. John Wiley & Sons.

Driscoll, K., & Pianta, R. C. (2011). Mothers' and Fathers' Perceptions of Conflict and Closeness in Parent-Child Relationships during Early Childhood. *Journal of Early Childhood & Infant Psychology*, *7*.

Dror, O. E. (2014). The Cannon–Bard thalamic theory of emotions: A brief genealogy and reappraisal. *Emotion Review*, *6*(1), 13–20.

Duerden, M. D., & Witt, P. A. (2010). An ecological systems theory perspective on youth programming. *Journal of Park & Recreation Administration*, *28*(2).

Freud, S. (2014). *Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides)*. Read Books Ltd.

Galtung, J. (2019). A structural theory of imperialism. In *The War System* (pp. 402–456). Routledge.

Gehring, K., Langlotz, S., & Stefan, K. (2019). *Stimulant or depressant? Resource-related income shocks and conflict*.

Gerstenblatt, P., Faulkner, M., Lee, A., Doan, L. T., & Travis, D. (2014). Not babysitting: Work stress and well-being for family child care providers. *Early Childhood Education Journal*, *42*(1), 67–75.

Grych, J. H., Fincham, F. D., Jouriles, E. N., & McDonald, R. (2000). Interparental conflict and child adjustment: Testing the mediational role of appraisals in the cognitive-contextual framework. *Child Development*, *71*(6), 1648–1661.

Habtamu, F. (2020). Inter-Ethnic Conflict and Eviction in Post-1991 Ethiopia: The Case of Oromia. *Available at SSRN 3681326*.

Hageman, J. R., & Alcocer Alkureishi, L. (2021). The effects of armed conflict on children. In *Pediatric Annals* (Vol. 50, Issue 10, pp. e396–e397). SLACK Incorporated Thorofare, NJ.

Harel, T. O., Jameson, J. K., & Maoz, I. (2020). The normalization of hatred: Identity, affective polarization, and dehumanization on Facebook in the context of intractable political conflict. *Social Media+ Society*, *6*(2), 2056305120913983.

Hegre, H., Croicu, M., Eck, K., & Högbladh, S. (2018). *Introducing the UCDP-Candidate Events Dataset and the ViEWS Outcomes dataset.*

Hendricks, L., Bore, S., Aslinia, D., & Morriss, G. (2013). The effects of anger on the brain and body. *National Forum Journal of Counseling and Addiction*, *2*(1), 2–5.

Hendry, A., Gibson, S. P., Davies, C., McGillion, M., & Gonzalez-Gomez, N. (2023). Toward a dimensional model of risk and protective factors influencing children's early cognitive, social, and emotional development during the COVID-19 pandemic. *Infancy*, *28*(1), 158–186.

Henly, J. R., Kim, J., Sandstrom, H., Pilarz, A. R., & Claessens, A. (2017). What explains short spells on child-care subsidies? *Social Service Review*, *91*(3), 488–533.

Holzman, L. (2016). *Vygotsky at work and play*. Routledge.

Hoosen, N., Davids, E. L., de Vries, P. J., & Shung-King, M. (2018). The Strengths and Difficulties Questionnaire (SDQ) in Africa: a scoping review of its application and validation. *Child and Adolescent Psychiatry and Mental Health*, *12*, 1–39.

Ille, E., Salah, M., & Birhanu, T. (2021). *From Dust to Dollar*.

Jacob, C. (2013). *Child security in Asia: The impact of armed conflict in Cambodia and Myanmar*. Routledge.

Jakwerth Drake, P., Greenspoon, B., & Neville-Morgan, S. (2005). Licensing Family, Friend and Neighbor Caregivers: Paradoxes and Possibilities. *Occasional Paper Series*, *2005*(15), 5.

Jeong, H.-W. (2017). *Peace and conflict studies: An introduction*. Routledge.

Johnson, W. T. (2021). Exchange in perspective: the promises of George C. Homans. In *Behavioral theory in sociology* (pp. 49–90). Routledge.

Kadir, A., Shenoda, S., Goldhagen, J., Pitterman, S., Suchdev, P. S., Chan, K. J., Howard, C. R., McGann, P., St Clair, N. E., & Yun, K. (2018). The effects of armed conflict on children. *Pediatrics*, *142*(6).

Kennedy, P. (2002). A Marxist account of the relationship between commodity money and symbolic money in the context of contemporary capitalist development. In *What is Money?* (pp. 204–226). Routledge.

Kimbrough, E. O., Laughren, K., & Sheremeta, R. (2020). War and conflict in economics: Theories, applications, and recent trends. *Journal of Economic Behavior & Organization*, *178*, 998–1013.

Kirk, G., & Jay, J. (2018). Supporting kindergarten children's social and emotional development: Examining the synergetic role of environments, play, and relationships. *Journal of Research in Childhood Education*, *32*(4), 472–485.

Koen, M., Neethling, M., & Taylor, B. (2021). The impact of COVID-19 on the holistic development of young South African at-risk children in three early childhood care and education centres in a rural area. *Perspectives in Education*, *39*(1), 138–156.

Larson, A. (2007). *Child Care Assistance: A Discussion and Review of the Literature An examination of the multiple roles of Basic Sliding Fee Child Care Assistance related to family functioning and well-being*.

Lincoln, J. R., & Guillot, D. (2004). *Durkheim and organizational culture*.

Martin, P., Mayer, T., & Thoenig, M. (2008). Make trade not war? *The Review of Economic Studies*, *75*(3), 865–900.

Martinez-Beck, I., Guzman, L., Forry, N., Zaslow, M., Kinukawa, A., Rivers, A., Witte, A., & Weber, B. (2009). *Design Phase: National Study of Child Care Supply and Demand—2010*.

Mazzucchelli, T. G., Hodges, J., Kane, R. T., Sofronoff, K., Sanders, M. R., Einfeld, S., Tonge, B., Gray, K. M., & Team, M. P. (2018). Parenting and family adjustment scales (PAFAS): validation of a brief parent-report measure for use with families who have a child with a developmental disability. *Research in Developmental Disabilities*, *72*, 140–151.

MENDO, T. (2023). *Ethnicity and Conflict in Africa:" The Contemporary Conflict of Ethnicity in Ethiopia.*

Miller, K. S. (2011). *The dynamics of collaboration in universal pre-K counties of West Virginia*. West Virginia University.

Mitra, A., & Ray, D. (2014). Implications of an economic theory of conflict: Hindu-Muslim violence in India. *Journal of Political Economy*, *122*(4), 719–765.

Mohammed Freh, F. (2015). Psychological Effects of War and Violence on Children. *Journal of Psychological Abnormalities Freh*, *1*, 1. https://doi.org/10.4172/jpab.S1-e001

Morbech, M. L. (2017). *Interparental Conflict and children's internalising and externalising problems in a Norwegian sample*.

NANO, T. (2018). *College of Education and Behavioral Studies School of Psychology Quality of Early Childhood Care and Education in Bole Sub City of Addis Ababa City Administration*. Addis Ababa University.

Organization, W. H. (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*.

Organization, W. H. (2019). *Operationalizing Nurturing Care for Early Childhood Development: The role of the health sector alongside other sectors and actors*.

Pedro-Carroll, J. L. (2005). Fostering resilience in the aftermath of divorce: The role of evidence-based programs for children. *Family Court Review*, *43*(1), 52–64.

Ponthieux, S., & Meurs, D. (2015). Gender inequality. In *Handbook of income distribution* (Vol. 2, pp. 981–1146). Elsevier.

Pruitt, D. G. (1995). Flexibility in conflict episodes. *The Annals of the American Academy of Political and Social Science*, *542*(1), 100–115.

Rockhill, C., Kodish, I., DiBattisto, C., Macias, M., Varley, C., & Ryan, S. (2010). Anxiety disorders in children and adolescents. *Current Problems in Pediatric and Adolescent Health Care*, *40*(4), 66–99.

Rodríguez-Gómez, D., Foulds, K., & Sayed, Y. (2016). Representations of violence in social science textbooks: Rethinking opportunities for peacebuilding in the Colombian and South African post-conflict scenarios. *Education as Change*, *20*(3), 76–97.

Sager, F., & Rosser, C. (2021). Weberian bureaucracy. In *Oxford research encyclopedia of politics*.

Sherif, M. (2015). *Group conflict and co-operation: Their social psychology*. Psychology Press.

Shivers, E. M., & Farago, F. (2016). *Where the children are: Exploring quality, community, and support for family, friend and neighbor child care*.

Sleat, M. (2015). Liberal realism: A realist theory of liberal politics. In *Liberal realism*. Manchester University Press.

Tajfel, H., & Turner, J. C. (1982). Social psychology of intergroup relations. *Annual Review of Psychology*, *33*(1), 1–39.

Unicef. (2015). *The investment case for education and equity*. Unicef.

Valentino, B. A. (2005). *Final solutions: Mass killing and genocide in the 20th century*. Cornell University Press.

Weegar, M. A., & Pacis, D. (2012). A comparison of two theories of learning--behaviorism and constructivism as applied to face-to-face and online learning. *Proceedings E-Leader Conference, Manila*.

Yatham, S., Sivathasan, S., Yoon, R., da Silva, T. L., & Ravindran, A. V. (2018). Depression, anxiety, and post-traumatic stress disorder among youth in low and middle income countries: a review of prevalence and treatment interventions. *Asian Journal of Psychiatry*, *38*, 78–91.

APPENDIX

Appendix 1 - English version of informed consent form

I am asked to participate in research titled childcare practices and emotional problems in conflict situation in Benishangul Gumze, Metekel zone, Mandura Woreda. Before participating in this study the necessary information concerning the study that is the purpose of the research, procedures, risk and/ or discomforts with their solutions, benefits, privacy and confidentiality and freedom to withdraw is provided for me. So, based on the information and by taking this study as a means of solution to effects of conflict on childcare and emotional development in Mandura woreda, I have decided to participate in this study by my own and I put my signature to certify this.

Signature_____

Date_____

APPENDIX 2:

JIMMA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTMENT OF PSYCHOLOGY

Questionnaire

The purpose of this questionnaire is to gather information that leads to my research regarding the psychological child care practices and emotional problem in Benishangul Gumz, Metekel Zone, and Mandura Woreda. This questionnaire has two parts: the first part is all about the respondents' personal life situations; the second part is a scale and interview of the effects of conflict on child emotional development. The data you provide has a very important input to reach the goals of the study and to direct and complete this study; therefore, you are kindly requested to be honest and careful toward all the items provided in this questionnaire. The information will be kept confidential and only used for the study. Thank you for your kind cooperation and for investing your time in completing this questionnaire in advance. Part one background Information Direction: Please indicate your answer by making (√) in the box that corresponds to your answer or by writing the correct answer on blank space.

Part I: Socio- Demographic Information of the participants

1. Sex Male ☐ Female ☐
2. Age 20-35 ☐ 36-45 ☐ 46-65 ☐ > 66 ☐
3. Marital Status Married ☐ Single ☐ Divorced ☐ Widowed/er ☐
4. Educational status Uneducated ☐ primary school ☐ secondary school ☐

College and above ☐

5. Employment status Farmer ☐ Marchant ☐ employed student ☐
6. Study Area from IDP Site ☐ None IDP site ☐

Part I: Parenting and Family Adjustment Scales (PAFAS)

Please read each statement and mark (√) the box for Good and poor that indicates how true the statement was of you over the past four (4) years. There is no right or wrong answers. Do not spend too much time on any statement.

No	Parenting and Family Adjustment Scales	Good	Poor
1	**Parental consistency**		
1.1	If my child doesn't do what they're told to do, I give in and do it myself		
1.2	I follow through with a consequence (e.g. take away a toy) when my child misbehaves:		
1.3	I threaten something (e.g. to turn off TV) when my child misbehaves but I don't follow through		
1.4	I deal with my child's misbehavior the same way all the time		
1.5	I give my child what they want when they get angry or upset		
2	**Coercive parenting**		
2.1	I shout or get angry with my child when they misbehave		
2.2	I try to make my child feel bad (e.g. guilt or shame) for misbehaving to teach them a lesson		
2.3	I spank (smack) my child when they misbehave		
2.5	I argue with my child about their behaviour / attitude		
2.6	I get annoyed with my child		
3	**Positive Encouragement**		
3.1	I give my child a treat, reward or fun activity for behaving well		
3.2	I praise my child when they behave well		
3.3	I give my child attention (e.g. a hug, wink, smile or kiss) when they behave well		
4	**Parent-child relationship**		
4.1	I chat / talk with my child		
4.2	I enjoy giving my child hugs, kisses and cuddles		
4.3	I am proud of my child		
4.4	I enjoy spending time with my child		
4.5	I have a good relationship with my child		
	PAFAS Family adjustment		
5	**Parental adjustment**		
5.1	I feel stressed or worried		
5.2	I feel happy		
5.3	I feel sad or depressed		
5.4	I feel satisfied with my life		
5.6	I cope with the emotional demands of being a parent		
6	**Family relationships**		
6.1	Our family members help or support each other		
6.2	Our family members get on well with each other		
6.3	Our family members fight or argue		
6.4	Our family members criticize or put each other down		
7	**Parental teamwork**		
7.1	I work as a team with my partner in parenting		
7.2	I disagree with my partner about parenting		
7.3	I have a good relationship with my partner		

Part II. Parent Report Measures for Children and Adolescents SDQ

Instructions: For each item, please mark (√) the box for High, Low. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last four years.

No	Strengths and Difficulties Questionnaire	High	Low
1	**Emotional Symptoms Scale**		
1.1	Often complains of headaches, stomach-aches, or sickness		
1.2	Many worries or often seems worried		
1.3	Often unhappy, depressed or tearful		
1.4	Nervous or clingy in new situations, easily loses confidence		
1.5	Many fears, easily scared		
2	**Conduct Problem Scale**		
2.1	Often loses temper		
2.2	Generally well behaved, usually does what adults request		
2.3	Often fights with other children or bullies them		
2.4	Often lies or cheats		
2.5	Steals from home, school or elsewhere		
3	**Hyperactivity Scale**		
3.1	Restless, overactive, cannot stay still for long		
3.2	Constantly fidgeting or squirming		
3.3	Easily distracted, concentration wanders		
3.4	Thinks things out before acting		
3.5	Good attention span, sees chores or homework through to the end		
4	**Peer Problem Scale**		
4.1	Rather solitary, prefers to play alone		
4.2	Has at least one good friend		
4.3	Generally liked by other children		
4.4	Picked on or bullied by other children		
4.5	Gets along better with adults than with other children		

Appindex 3 : **የጥናትና ምረምረ መጤቅ**

የዝህ መጠየቅ ዋና አላማ በቤንሻንጉል ጉሙዝ ክልላዊ መንግስት ፣ መተከል ዞን ፣ ማንዱራ ወረዳ የምገኙ በጦርነት በልጆች እድገታዊ ህደት ላይ የልጆች ጥበቃ ፣ የስነ-ልቦና ስሞት ላይ ልያስከትል የምችለውን ችግሮች ለማጥናት ታስቦ በተዘጋጀ የምርምር ጥናታዊ ጽሁፍ መጠየቅ ነው. ይህ መጠየቅ ሁለት ክፍሎች ያሉት ስሆን የመጀመራው ክፍል የግለሰቡን ማንነት የምገልፅ ስሆን ሁለተኛው ደግሞ ስለ ጠቃላይ የጥናቱ መረጃን የምንሰበስብበት መጠየቅ ነው. እናንተ የምትሰጡኝ የመረጃ ግብዓት ጥናቱን ለግብ የሚያደርስ ፣ አቅጣጫ የሚያሳይና ጥናቱን ለማጠናቀቅ የምረዳ መረጃ ነው። ስለሆነም በበጎ ፍቃደኝነት ስሳተፍ አስፈላጊዉን የጥናቱን መረጃ ማለትም ስለጥናቱ ዓላማ፣ ስለ ጥናቱ ሂደት፣ ከጥናቱ ጋር ሊያያዙ ስለሚችሉ ችግሮች፣ በጥናቱ ስለሚገኝ ጥቅም፣ ሚስጥር ጠባቂነትና ጥናቱን ማን እንደሚያጠና እንድያዉቅ ተደርጓል። ይህን የተሰጠኝን መረጃ መሰረት በማድረግና አጠቃላይ ጥናቱ ማንዱራ ወረዳ የምገኙ በጦርነቱ የተጠቁ ህፃናት የሚያጋጥማቸው የጥበቃና እንክብካቤ እና የስነ-ልቦና ስሞት ችግሮችን ከነመፍትሄያቸው የሚዳስስ መሆኑን በመገንዘብ በዚህ ጥናት ላይ መረጃ በመስጠት እንድትተባበሩ በአክብሮት እንጠይቃለን።

ስለደረጋቸሁት ትብብር አስቀድሜ አመሰግናለሁ::

አቅጣጫ 1፡የሚከተሉትን ጥያቄዎች እርሶዎን በሚመለከት የሚሞሉ ሲሆን የአርሶዎን ፆታና የትምርት ደረጃ ጭረት በማድረግ ይግለፁ። **1. ግላዊ መጠይቅ**

1. **ጾታ** ወንድ ☐ ሴት ☐
2. **ዕድሜ** ከ 20- 35 ☐ ከ 36 እስከ 45 ☐ ከ 46 እስከ 65 ☐ ከ 66 በላይ ☐
3. **የትምርት ደረጃ**

   1 ትምህርት ቤት ያልገባ ☐ አንደኛ ደረጃ ያጠናቀቀ(1-8) ☐

   3. ሁለተኛ ደረጃ ያጠናቀቀ(9-1☐4.የሙያ ትምህረት የተማረ (ኮሌጂና ከዛበላይ) ☐
4. **የጋብቻ ሁነታ** ያገባ☐ ያላገባ ☐ የተፋታ ☐
5. **የምኖሩበት አከባቢ ተፈናቃይ** ☐ ተፈናቃይ ያልሆኔ ☐

2. የልጆች እንክብካቤ፣ጥበቃና የስነ-ልቦና ስሞት

አቅጣጫ 2፡ የሚከተሉትን ጥያቄዎች እያንዳንዱን በትክክል በማንበብ በተስማሙበት ልክ የተስማማዎትን (√) በማድረግ ይመልሱ፡

Part III. የወላጅ እና በተሰብ ማስተካከያ ልኬት(PAFAS)

እባኮት እያንዳንዱን መግለጫ ያንብቡነሰ እና ቁጥር ይምረጡ **0፣1፣2 እና 3** ይህ መግለጫው ባለፉት አራት መታት ውስጥ ለእርስዎ ምን ያህል እውነት እንደነበር ያሳያል ፣ ትክክል ወያንም የተሳሳቱ መልሶች የሉም። በማንኛውም መግለጫ ላይ ብዙ ጊዜ ታሳልፉ።

ተ.ቁ	የወላጅ እና በተሰብ ማስተካከያ ልኬት	ጥሩ	መጥፎ/አነ ስተኛ
1	**የወላጅነት ውጠት**		
1.1	ልጄ እንድያደርጉ የታዘዙትን ካላደረጉ እኔ እራሴን እራሰን እሰጣለሁ እና እራሰን እሰጣለሁ		
1.2	ልጄ መጥፎ ባህር ስፈጥር እከታተላለሁ።		
1.3	ልጄ መጥፎ ባህር ስፈጥር የሆነ ነገር አስፈራራለው ነገር ግን በጥብቅ አልከታተለውም		
1.4	የልጆቼን መጥፎ ባህር ሁል ጊዘ በተመሳሳይ መንገድ እይዛለው		
1.5	እኔ ልጀን ስናደድ/ስበሳጭ የምፈልገውን እሰጠዋለሁ		
2	**የአስገድዶ አስተዳደግ**		
2.1	ልጄ ስሳሳት በንደት እጮህበታለው		
2.2	ልጀን ትምህርት ለማስተማር በመጥፎ ጠባይ እንዲሰማው ለማድረግ እሞክራለሁ።		
2.3	ስሳሳት ልጄ እመታለው		
2.5	ከልጄ ጋር ስለባህርዎ እከራከራለሁ		
2.6	በልጄ ላይ በጣም እቆጣለው		
3	**አዎንታዊ ማበረታቻ**		
3.1	ለልጀ ጥሩ ባህርን፣ ሽልማትን ወይም አዝናኝን በንቃት እሰጣለው		
3.2	ልጄ በጥሩ ሁነታ ስነገር አመሰግነዋለሁ		
3.3	ልጄ ጥሩ ነገር ስናገር ትኩረት አወሰጠዋለሁ		
4	**የወላጅ ልጅ ግንኙነት**		
4.1	እኔ ከልጄ ጋር አወራለው		
4.2	እነ ልጆቸን ማቀፍ፣መሳም እና ማዘል ያስደስተኛል		
4.3	በልጀ እከራለሁ		
4.4	ከልጆቼ ጋር ጊዘ ማሳለፍ ያስደስተኛል		
4.5	ከልጄ ጋር መልካም ግንኙት አለኝ		
	የበተሰብ ማስተካከያ (PAFAS)		
5	**የወላጅ ማስተካከያ**		
5.1	ውጥረት ይሰማኛል		
5.2	ደስተኛ ነኝ		
5.3	አዝነለሁ		
5.4	በህየወቴ እርካታ ይሰማኛል		
5.6	ወላጅ የመሆን ስመታዊ ፍላጎት ተቋቁሜያለው		
6	**የቤተሰብ ግንኙነቶች**		
6.1	የበተሰቦች አባላት እርስበርስ ይረዳዳሉ/ይደጋገፉሉ		
6.2	በተሰቦቸ አባላት አርስበርሳቸው ይግባባሉ		
6.3	በተሰብ አባላት እርስበርስ ይጣላሉ		
6.4	በተሰቦቼ እርስበርስ ይነቃቀፋሉ		
7	**የወላጅ የቡድን ስራ**		
7.1	በወላጅነት ከባልደረባዬ ጋር በቡድን እንሰራለን		
7.2	ስለወላጅነት ከባልደረባዬ ጋር አልስማማም		
7.3	ከባልደረባዬ ጋር መልካም ግንኙነት አለኝ		

Part IV. የወላጅ ርፖርት መለኪያ ለህፃናት እና ወጣቶች(SDQ)

መመርያ : ለእያንዳንዱ ነጥብ አባኮዎት በሳጥን ውስጥ ለእውሼት ለመካከለኛ ወይንምለእውነት ምልክቶዎን(√) ያስቀምጡ። ሙሉ በሙሉ እርግጠኛ ባይሆኑም ሁሉንም ነጥቦች በተቻለዎት መጠን ከመለሱ ይጠቅመናል. እባከዎን በዝህ አራት አመታት ከስድስት አመት በታች ባለው የልጅዎ ባህር መልሱን በመመለስ ይተባበሩኝ..

ተ.ቁ	የጥንካሬ ችግሮች መጠየቅ	ከፍተኛ	ዝቅተኛ
1	**ስመታዊ ችግር መለኪያ**		
1.1	ብዙ ጊዜ ማጉረምረም፣ራስ ምታት፣የሆድ ህመም		
1.2	ብዙ ጊዜ ፍርሃት		
1.3	ብዙ ጊዜ ደስተኛ ያልሆነ፣የመንፈስ ጭንቀት ወይን የሚያለቅስ		
1.4	በአድስ ሁነታ በቀላሉ በራስ መተማመንን ያጣል		
1.5	ማንኛውም ፍርሃት በቀላሉ መፍራት		
2	**የመምራት ችግር መለኪያ**		
2.1	ብዙን ጊዜ ቁጣ ማጣት		
2.2	ባጠቃላይ ጥሩ ባህር አሳይቷል፣ ብዛኛውን ጊዜ አዋቅ የሚጠይቀውን ያደርጋል		
2.3	ብዙን ጊዜ ከልጆች ጋር ይጣላል		
2.4	ብዙ ጊዜ ይዋሻሉ		
2.5	ከበትም ከትምህርት ቤትም ይሰርቃል		
3	**ከመጠን በላይ እንቅስቃሴ መለኪያ**		
3.1	እረፍት ማጣት፣ከመጠን በላይ እርምጃ መውሰድ፣ለረጅም ጊዜ መቆየት አይችልም		
3.2	ያለማቋረጥ መፍጨት		
3.3	በቀላሉ ትኩረቱ ይቀበዝበዛል		
3.4	ከመተግበሩ በፍት ነገሮችን ያስባል		
3.5	ለስራው ጥሩ ትኩረት አለው		
4	**የአቻ ችግር መለኪያ**		
4.1	ይልቁን ብቻውን መጫወትን ይመርጣል		
4.2	ቢያንስ አንድ ጥሩ ጓደኛ አለው		
4.3	በለሎች ልጆች ዘንድ ይወደዳል		
4.4	በለሎች ልጆች የተጎሳቆለ		
4.5	ከለሎች ልጆች ጋር በተሸለሁነታ ካዋቅዎች ጋር ይስማማል		

APPENDICES 4:

INTERVIEW GUIDE FOR EFFECT OF CONFLICT ON CHILD CARE

BACKGROUND INFORMATION

Age ----------

Sex ----------

Marital status ----------

Educational level ----------

Site; - From IDP---------- from None from----------

I. **The Interview questions**

II. The Interview questions to the effects of conflict on parental childcare practices and emotional development

1. How does poor parental care influence on child socio-emotional outcomes under age six?

_____
_____
_____
_____
_____
_____

2. Does quantity of poor parental care affect social, emotional and behavioural outcomes?

_____
_____
_____
_____

3 What are the effects of conflict on child emotional development? If so, please can you describe it?

_____
_____

4. Is there any difference in child emotional development from IDPs and non- IDPs area? If so, please can you describe it?

_____
_____

5. Is there relationship among effect of conflict on parental care practices and emotional development? Moreover, how did you respond?

_____
_____

አባር:

በልጆች እንክብካቤ እና እድገታዊ ስሞት ላይ ጦርነት ሊያስከትለው የምችለው ተፅዕኖ ለመለካት የተዘጋጇ ቃለመጠየቅ መመሪያ

ሀ. የግለሰቡ ማንነት መግለጫ

እድሜ ----------

ፆታ ----------

የጋባቻ ሁነታ ----------

ትም/ርት ደረጃ ----------

ከተፈናቃይ/ተፈናቃይ ካላሆኑ ----------

የቃለመጠየቅ መጠየቆች

I. የጦርነት ተፅዕኖ በልጆች ጥበቃ እና እንክብካቤ በልጆች የስነ-ልቦና ስሞት የቃለመጠይቅ ጥያቀዎች

1. ደካማ የወላጅ እንክብካቤ ከስድስት ዓመት በታች በሆኑት የህፃናት ማህበራዊ-ስሜታዊ ውጠቶች ላይ እንደት ተፅዕኖ ይኖረዋል?

_____

_____

2. ደካማ የወላጅ እንክብከቤ ብዛት በልጆች ማህበራዊ፣ስሞታዊ እና ስነ-ምግባር ላይ ተጥዕኖ ያሳድራል?

_____

_____

_____

_____

3 ጦርነት በልጆች በስነ-ልቦና ስሞት ላይ ሊያደርስ የምችለው ተፅዕኖ ወይንም ችግር ያያችሁ/የታዘባችሁ ነገር አለ? ካለስ እባኮት ልትዘረዝርልኝ ትችላለህ?

_____

_____

4. በጦርነት በተጎዱትና ባልተጎዱት ልጆች መካከል በስነ-ልቦና ስሞት ላይ ልዩነቶች ይኖራሉ? አለ ካላችሁ እባኮት ልትዘረዝሩልኝ ትችላላችሁ?

_____

_____

5. በልጆች እንክብካቤና የስነ-ልቦናዊ ስሞት መካከል ግንኙነቶች አሉ? ካሉስ እንደትስ ትገልፃለህ?

_____

_____